HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL

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IN LIEU OF FORM CMS-2552-96(04/2005) PREPARED 5/16/2008 FORM APPROVED OMB NO. 0938-0050

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THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395a).

> WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

I PERIOD I FROM 1/ 1/2007 T TO 12/31/2007 PROVIDER NO: 15-1311

I INTERMEDIARY USE ONLY
I --AUDITED --DESK REVIEW
I --INITIAL --REOPENED -FINAL 1-MCR CODE 00 - # OF REOPENINGS

DATE RECEIVED: INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT

DATE: 5/16/2008

TIME 13:03

PART T - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISIONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

TIPTON COUNTY MEMORIAL HOSPITAL

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION DATE: 5/16/2008 TIME 13:03 tQ.HT.93vDssYH7WxVDuGfTGZFSlq0 v0i2POnHEf8tbZ7LIuG35G:KKhc0:S TqZX06Zf5U0.Trt2 PI ENCRYPTION INFORMATION DATE: 5/16/2008 TIME 13:03 YL6w5AeuBTqIlY2o6sUalNdYlVkqZ0 6VQcU02CbFEInMVPtUGYREpZOXuk51 x8Av7mURx20xqCZ4

HOSPITAL

100

uhael' Harlowe OFFICER OR ADMINISTRATOR OF PROVIDER(S) TITLE

DATE

PART II - SETTLEMENT SUMMARY

TITLE TITLE ٧ XIX 1 0 445,918 111,674 SWING BED - SNF O 84 865 ŏ 530,783 111,674

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

2552-96 version 1701.000100 - Interface version 264.000100

HOSPITAL AND HOSPITAL HEATTH CARE COURT BY ADDRESS

1	FAL AND HOSPITAL HEALTH CARE (STREET: 1000 SOUTH MAIN STI CITY: TIPTON	COMPLEX ADDRES <u>s</u> REET	P.O. BOX: STATE: IN 2	ZIP CODE: 46072	- COUNTY: T	IPTON			
HOSPI'	TAL AND HOSPITAL-BASED COMPONI	ENT IDENTIFICATION;				0.475		YMENT S	
	COMPONENT 0	COMPONENT NAM	E	PROVIDER NO.		DATE CERTIFIE	D V	,T,O OR XV∐II	XIX
02.00 04.00	HOSPITAL SWING BED - SNF	TIPTON COUNTY MEM TIPTON COUNTY MEM		2 15-1311 15-2311	2.01	7/ 1/19 3/ 1/20		5 0 0	6 0 N
17	COST REPORTING PERIOD (MM/DE	D/YYYY) FROM:	1/ 1/2007	TO: 12/31/	2007	_			
18	TYPE OF CONTROL					1 9	2		
TYPE (OF HOSPITAL/SUBPROVIDER								
19 20	HOSPITAL SUBPROVIDER					1			
	INFORMATION INDICATE IF YOUR HOSPITAL IS IN COLUMN 1. IF YOUR HOSPITAL YOUR BED SIZE IN ACCORDANCE COLUMN 2 "Y" FOR YES OR "N" DOES YOUR FACILITY QUALIFY & SHARE HOSPITAL ADJUSTMENT IN HAS YOUR FACILITY RECEIVED & OF THE COST REPORTING PERIOD FOR NO. IF YES, ENTER IN COL ENTER IN COLUMN 1 YOUR GEOGE IN COLUMN 1 INDICATE IF YOU TO A RURAL LOCATION, ENTER I IN COLUMN 3 THE EFFECTIVE DA 100 OR FEWER BEDS IN ACCORDA COLUMN 5 THE PROVIDERS ACTUA FOR STANDARD GEOGRAPHIC CLAS BEGINNING OF THE COST REPORT FOR STANDARD GEOGRAPHIC CLAS ESGINNING OF THE COST REPORT FOR STANDARD GEOGRAPHIC CLAS END OF THE COST REPORTING PE DOES THIS HOSPITAL QUALIFY F FOR SMALL RURAL HOSPITAL UNC OUTPATIENT SERVICES UNDER DA ARE YOU CLASSIFIED AS A REFE DOES THIS FACILITY OPERATE A IF THIS IS A MEDICARE CERTIF IT THIS IS A MEDICARE IT THE COST ON IN THE THE TOWN IN THE APPLICABLE COLUMNS IN THE APPLICABLE COLUMNS IN THE APPLICABLE COLUMNS IN THE COR PERIOD. ENTER BEG IN THE COST ON TOWN	AL IS GEGGRAPHICALLY WITH CFR 42 412.10! FOR NO. NAD IS CURRENTLY REE N ACCORDANCE WITH 44 A NEW GEOGRAPHIC REE DINNO 2 THE EFFECTIVE RAPHIC LOCATION EITH RECEIVED EITHER A N INC OLUMN 2 "Y" FOR NITE (MM/DD/YYYY)(SEE NICE WITH 42 CFR 41; AL MSA OR CBSA. SIFICATION (NOT WAC ING PERIOD. ENTER (1) WISSIFICATION (NOT WAC ING PERIOD. ENTER (1) WISSIFICATION (NOT WAC RING PERIOD. ENTER (1) WISSIFICATION (NOT WAC RING PERIOD. ENTER (1) WISSIFICATION (NOT WAC RING PERIOD. ENTER (1) WISSIFICATION (NOT WAC WAC WISSIFICATION (NOT WAC WAC WISSIFICATION (NOT WAC WAC WISSIFICATION (NOT WAC	Y CLASSIFIED OR S LESS THAN OR E CEIVING PAYMENT 2 CFR 412.106? CLASSICATION STA AN AND VICE VERS E DATE (MM/DD/YY HER (1)URBAN OR WAGE OR STANDARD YES AND "N" FOR E INSTRUCTIONS) 2.105? ENTER IN GE), WHAT IS YOU (1)URBAN OR (2)R GE), WHAT IS YOU AN OR (2)RURAL SITION OF HOLD H PAYMENT SYSTEM ICENTER, ENTER TO CENTER, ENTER TO CENTER THE CENTER TO COMPLETE WOR A? IF YES, COM DOR IME FTE CAP (1)(1V)(B); ENTE E) THE NUMBER OF PAYERS TO COMPLETE WOR A? IF YES, COM DOR IME FTE CAP (1)(1V)(B); ENTE E) TO COMPLETE WOR A? IF YES, COM DOR IME FTE CAP (1)(1V)(B); ENTE E) THE NUMBER OF PAYERS TO COMPLETE WOR A? IF YES, COM DOR IME FTE CAP (1)(1V)(B); ENTE E) TO COMPLETE WOR A? IF YES, COM DOR IME FTE CAP (1)(1V)(B); ENTE E) TO COMPLETE WOR TO CO	LOCATED IN A RUEQUAL TO 100 BED FOR DISPROPORTI LIUS CHANGE AFTE LAP ENTER "Y" FO TYY) (SEE INSTRU (2) RURAL. IF YO O GEOGRAPHICAL R ON O. IF COLUMN DOES YOUR FACIL COLUMN 4 "Y" OR HE STATUS AT THE HURAL LIR STATUS AT THE HURAL LAND "N" FOR NO CERTIFICATION DOE R THE CERTIFICAT OPO NUMBER IN C TITAL AND YOU AR TOPO NUMBER IN C TITAL AND YOU AR TOPO NUMBER IN C TITAL AND YOU AR TOPO NUMBER IN C TITAL AND YOU SOME THE CERTIFICAT OPO NUMBER IN C TOPO NUMBER IN C TOPO NUMBER TOPO NU	RAL AREA, IS S, ENTER IN ONATE R THE FIRST DAY R YES AND "N" CTIONS). U ANSWERED URBAI ECLASSIFICATION 2 IS YES, ENTER ITY CONTAIN "N". ENTER IN 2 N ATE(S) BELOW. TION DATE. ION DATE. I	N 2 2 2 N N N ////	Y /////		
26.01 26.02 27	SUBSCRIPT LINE 26.01 FOR NUM ENTER THE APPLICABLE SCH DAT ENTER THE APPLICABLE SCH DAT DOES THIS HOSPITAL HAVE AN A FOR SWING BEDS. IF YES, ENTE	ES: ES: GREEMENT UNDER EITH	BEGINNI BEGINNI IER SECTION 1883	NG:	ENDING: ENDING:	/ / / / 3/:	1/2002		

28 01	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 IF HOSPITAL BASED_SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1.		1		2	3	4
20.02	ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)					0.0000	
28.02			0.00		0	0.0000	
	THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE		0.00		Ü		
	OR TWO CHARACTER CODE IF RURAL BASED FACILITY						
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE						
	USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN						
	3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		%	Y/	ы		
28.03 28.04	STAFFING RECRUITMENT		0.00%		• •		
28.05 28.06	RETENTION TRAINING		0.00%	;			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N	0.00%	,			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	Υ					
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N					
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N					
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST	.,					
30.04	BE ON OR AFTER 12/21/2000). IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR 1&R	N					
****	TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF						
31	YES COMPLETE WORKSHEET D-2, PART II IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42	N					
31.01	CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42	N					
31.02	CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42	N					
31.03	CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42	N					
31.04	CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42	N					
31.05	CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42						
	CFR 412.113(c).						
32	LANEOUS COST REPORT INFORMATION IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N					
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO						
	YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N					
34 35	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N					
35.01 35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40 $(f)(1)(i)$? HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40 $(f)(1)(i)$?	N					
35.03 35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413,40(f)(1)(i)? HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413,40(f)(1)(i)?						
DBACBE	CTIVE ONWENT OVERTHA (DDC) CADYTA	٧	xviii		×		
36	CTIVE PAYMENT SYSTEM (PPS)-CAPITAL DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) DOES YOUR FACT ITY OUR TEXT AND RECEIVE BAYMENT FOR DISCROPANCE SURGE IN ACCORDANCE	N	N 2	3 N			
30.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N N	N	N			
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	14	N	N			

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TITLE XIX INPATIENT SERVICES
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?
38.04 DO YOU OFFDATE AN ICE/MP EACH ITY FOR DISPOSES OF TITLE XVIII SNF
                                                             DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?
                                                    ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N
NAME:

STREET:

P.O. BOX:
STATE:
STATE
              40.01 NAME
40.02 STREE
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            FI/CONTRACTOR #
          40.02 STREET:

40.03 CITY:

ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?

42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?

43 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?

44 2.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?

45 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?

46 IF YOU ARE CLAIMING COST FOR REMAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?

47 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT?

48 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.

49 SOUND WAS THERE A CHANGE IN THE STATISTICAL BASIS?

49 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?

40 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?

40 IF YOU ARE PARTICIPATING IN THE NHCMO DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              N
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         00/00/0000
           IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)
                                                                                                                                                                                                                                                                                                                                                         OUTPATIENT OUTPATIENT
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             OUTPATIENT
                                                                                                                                                                                                      PART A
                                                                                                                                                                                                                                                                                       PART B
                                                                                                                                                                                                                                                                                                                                                                             ASC
                                                                                                                                                                                                                                                                                                                                                                                                                                            RADIOLOGY
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             DIAGNOSTIC
           47.00 HOSPITAL
        DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)

52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV

153 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MOH), ENTER THE NUMBER OF PERIODS MOH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.
          53.01
54
                                                    LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS:
        PREMIUMS: 0
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             N
      ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.

56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             DATE
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                                          ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?

ARE YOU AN IMPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?

ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%

FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS

ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE

10/1/2002.

IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY WAY.
ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFURE 10/1/2002.

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
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HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (04/2005)

I PROVIDER NO: I PERIOD: I PROPAGED 5/12/2008

HOSPITAL AND HOSPITAL HEALTH CARE I 15-1311 I FROM 1/1/2007 I WORKSHEET S-3

COMPLEX STATISTICAL DATA

TO 12/31/2007 I PART I

	COMPLEX STATISTICAL		ī	5-1311	I FROM 1/ 1// I TO 12/31/2	2007 I V 2007 I	PART I	
	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	I/P TITLE V 3	DAYS / O/P VI TITLE 1 XVIII 4	ISITS / TF NOT LTCH N/A 4.01	TOTAL TITLE XIX
1	ADULTS & PEDIATRICS	22	8,030	192,720.00	J	3,023	4.01	110
22 3 4 5 6 12 125 227 228 28	HMMD - (IRF PPS SUBPROVIDER) ADULTS & PED-SB SNF ADULTS & PED-SB NF TOTAL ADULTS AND PEDS INTENSIVE CARE UNIT TOTAL RPCH VISITS TOTAL OBSERVATION BED DAYS AMBULANCE TRIPS EMPLOYEE DISCOUNT DAYS OI EMP DISCOUNT DAYS -IRF	22 3 25 25	8,030 1,095 9,125	26,280.00		1,426 4,449 563 5,012		110 16 126
12233456 1235627 228228	COMPONENT ADULTS & PEDIATRICS HMO O1 HMO - (IRF PPS SUBPROVIDER) ADULTS & PED-SB SNF ADULTS & PED-SB NF TOTAL ADULTS AND PEDS INTENSIVE CARE UNIT TOTAL RPCH VISITS TOTAL OBSERVATION BED DAYS AMBULANCE TRIPS EMPLOYEE DISCOUNT DAYS O1 EMP DISCOUNT DAYS -IRF	TITLE XIX OBS ADMITTED 5.01	I/P DAYS / ERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6 4,217 1,426 137 5,780 733 6,513	/ TRIPS TOTAL OBSER' ADMITTED 6.01		L	RES. FTES ESS I&R REPL ION-PHYS ANES 8
1 2 2 3 4 5	COMPONENT ADULTS & PEDIATRICS HMO 01 HMO - (IRF PPS SUBPROVIDER) ADULTS & PED-SB SNF ADULTS & PED-SB NF	I & R FTES NET 9	FULL TIM EMPLOYEES ON PAYROLL 10	E EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13 862	TITLE XIX 14 26	TOTAL ALL PATIENTS 15 1,271
5 6 12 13 25 26 27 28 28	TOTAL ADULTS AND PEDS INTENSIVE CARE UNIT TOTAL RPCH VISITS TOTAL OBSERVATION BED DAYS AMBULANCE TRIPS EMPLOYEE DISCOUNT DAYS 01 EMP DISCOUNT DAYS -IRF		284.04 284.04			862	26	1,271

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES I 15-1311 I FROM 1/1/2007 I WORKSHEET A

TRIAL BALANCE OF EXPENSES I TO 12/31/2007 I

		_	•	1 10 11/01/2007	1	
COS CENT	T COST CENTER DESCRIPTION ER	SALARIES	OTHER	TOTAL 3	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	TRIAL BALANCE
1 0100 3 0300 3.01 0301 3.02 0302 5 0500 5.01 0501	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT EMPLOYEE BENEFITS COMMUNICATIONS PATIENT ACCOUNTING ADMINISTRATIVE & GENERAL OPERATION OF PLANT OPERATION OF PLANT OPERATION OF PLANT-HOSPITAL OPERATION OF PLANT-HOSPITAL OPERATION OF PLANT-HOSPITAL OPERATION OF PLANT-WEDICAL OFFICE LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC LABORATORY INTRAVENOUS THERAPY PHYSICAL THERAPY PHYSICAL THERAPY PHYSICAL THERAPY PHYSICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS ONCOLOGY OUTPAT SERVICE COST CNTRS	222.265	73,865 1,602,131 65,289 4,330,891	73,865 1,602,131 65,289 4,330,891	-67,305	73,865 1,534,826 65,289 4,330,891
5.03 0503 6 0600 8 0800 8.01 0801	PATIENT ACCOUNTING ADMINISTRATIVE & GENERAL OPERATION OF PLANT OPERATION OF PLANT-HOSPITAL	211,714 1,675,122 381,691 46,911	85,836 2,520,404 1,248,841	297,550 4,195,526 381,691 1,295,752	-203,691	297,550 3,991,835 381,691 1,295,752
8.02 0802 9 0900 10 1000 11 1100	OPERATION OF PLANT-MEDICAL OFFICE LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA	75,639 308,993 495,202	48,222 71,812 83,276 352,425	48,222 147,451 392,269 847,627	-341,115	48,222 147,451 392,269 506,512
14 1400 15 1500 16 1600 17 1700	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY	26,953 36,108 466,734 552,537	4,739 1,428,968 2,057,503 180,809	31,692 1,465,076 2,524,237 733,346	122,041	153,733 1,465,076 2,524,237 733,346
25 2500 26 2600	ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	1,681,519 595,249	61,333 3,672	1,742,852 598,921		1,742,852 598,921
37 3700 38 3800 40 4000 41 4100	OPERATING ROOM RECOVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	781,033 71,717 160,208 779,272	135,789 -82 85,552 1,174,726	916,822 71,635 245,760 1,953,998	624,000	916,822 71,635 245,760 2,577,998
44 4400 48 4800 50 5000 51 5100 53 5300 55 5500	LABURATORY INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY	720,117 342,945 510,380 76,568	951,770 65,971 62,264 73,903	1,6/1,88/ 65,971 405,209 584,283 83,653		1,671,887 65,971 405,209 584,283
53 5300 55 5500 56 5600 56.02 5602	ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	302,036	169,774	471,810		471,810
60 6000	DRUGS CHARGED TO PATIENTS ONCOLOGY OUTPAT SERVICE COST CNTRS CLINIC	140,019	76,388	216,407		216,407
61 6100 62 6200	ORTHOPEDIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS	34,068 1,383,227	576,908 77,097	610,976 1,460,324	-25,171	585,805 1,460,324
90 9000 95 96 9600	CLINIC ORTHOPEDIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS INTEREST EXPENSE OTHER CAPITAL RELATED COSTS SUBTOTALS NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN RESSEARCH	12,078,227	17,677,161	29,755,388	449,874	30,205,262
97.01 9701 97.02 9702 97.03 9703	CONTRACT SERVICES EDUCATION SERVICES					
97.04 9704 97.05 9705 97.06 9706 97.07 9707 98 9800 99 9900	DME/OXYGEN THERAPY ASSISTED LIVING O/P CLINIC PHYSICIANS' PRIVATE DEFICES	264,229 129,349 991,557	147,802 282,033 128,369 1,060,893	147,802 546,262 257,718 2,052,450	174,126 -624,000	147,802 720,388 257,718 1,428,450
99.02 9902 100 7950 100.01 7951 100.02 7952 100.03 7953 100.04 7954	BEHAVIOR HEALTH SERVICES COUNTY HEALTH DEPARTMENT PUBLIC RELATIONS FOUNDATION	-649 69,002 126,329 62,646 48,612	224 133,062 117,519 4,183 314,229 9,248	-425 133,062 186,521 130,512 376,875 57,860		-425 133,062 186,521 130,512 376,875 57,860
100.05 7955 100.06 7956 100.07 7957 101	LIFELINE MILLERS-AUTUMNWOOD CLARIAN-HHA TOTAL	111 13,769,413	1,087 989 19,876,799	1,198 989 33,646,212	-0-	1,198 989 33,646,212

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES I TO 12/31/2007 I WORKSHEET A

	COST		ADJUSTMENTS	NET EXPENSES
	CENT	50	6	FOR ALLOC 7
		GENERAL SERVICE COST CNTR	•	,
3	0100	OLD CAP REL COSTS-BLDG & FIXT	200	74.000
3 01	0300	NEW CAP REL COSTS-BLDG & FIXT	398 -15,493	74,263 1,519,333
3.02	0302	NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT	-13,490	65.289
5	0500	EMPLOYEE BENEFITS	-5,879	4,325,012
	0501	COMMUNICATIONS	-16,266	205,999
6	0503 0600	PATIENT ACCOUNTING ADMINISTRATIVE & GENERAL	-110,126	297,550 3,881,709
8	0800		110,120	381,691
	0801		-701	381,691 1,295,051
8.02	0802 0900	OPERATION OF PLANT-MEDICAL OFFICE LAUNDRY & LINEN SERVICE	-5,968	48,222
10	1000	HOUSEKEEPING	~5,900	141,483
11	1100	DIETARY	-21,719	484,793
12	1200	CAFETERIA	-103,945	237,170
14 15	1400 1500	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	-930	141,463 392,269 484,793 237,170 153,733 1,464,146 2,157,865 725,477
16	1600	PHARMACY	-366,372	2.157.865
17	1700	MEDICAL RECORDS & LIBRARY	-7,869	725,477
25	2500	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		
26	2600	INTENSIVE CARE INTT	-14,857	1,742,852 584,064
		ANCILLARY SRVC COST CNTRS OPERATING ROOM	11,001	304,004
37	3700 3800			916,822
38 40	4000	RECOVERY ROOM ANESTHESIOLOGY	-163,437	71,635
41	4100	RADIOLOGY-DIAGNOSTIC	-163,437 -584,688 -55,350	82,323 1,993,310 1,616,537
44	4400	LABORATORY	-55,350	1,616,537
48 49	4800 4900	INTRAVENOUS THERAPY RESPIRATORY THERAPY		65,971
50	5000	PHYSICAL THERAPY		405,209 584,283
51	5100	OCCUPATIONAL THERAPY		83,653
53 55	5300 5500	ELECTROCARDIOLOGY		471,810
56	5600	MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS		
56.02	5602	ONCOLOGY		216,407
60	C000	OUTPAT SERVICE COST CNTRS		
60.01	6000 6001	CLINIC ORTHOPEDIC CLINIC	-432 005	153,800
61	6100	EMERGENCY	-432,005 -462,676	997,648
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)	,	
88	8800	SPEC PURPOSE COST CENTERS INTEREST EXPENSE		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
95		SUBTOTALS	-2,367,883	27,837,379
96	9600	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700	RESEARCH		
97.01	9701	CONTRACT SERVICES		
97.02 97.03		EDUCATION SERVICES HOME INFUSION		
97.04		MOW THROSTON		
97.05	9705	DME/OXYGEN THERAPY		147,802
97.06 97.07	9706	ASSISTED LIVING		720,388 257,718 1,428,450
97.07	9800	O/P CLINIC PHYSICIANS' PRIVATE OFFICES		257,718 1 428 450
99	9900	NONPAID WORKERS		
99.02	9902	MEDNETWORK		-425
100 100.01	7950 7951	OTHER NONREIMBUREAL BEHAVIOR HEALTH SERVICES		133,062 186 521
100.02	7952	COUNTY HEALTH DEPARTMENT		186,521 130,512
100.03	7953	PUBLIC REFUITONS		3/6,8/5
100.04	7954 7055	FOUNDATION LIFELINE		57,860
100.05 100.05 100.06 100.07	7956	MILLERS-AUTUMNWOOD		1,198
100.07	7957	CLARIAN-HHA	2 242 442	989
101		TOTAL	-2,367,883	31,278,329

LINE NO	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
-	GENERAL SERVICE COST OLD CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT EMPLOYEE BENEFITS COMMUNICATIONS PATIENT ACCOUNTING ADMINISTRATIVE & GENERAL OPERATION OF PLANT OPERATION OF PLANT OPERATION OF PLANT-MEDICAL OPERATION OPERATION OF PLANT-MEDICAL OPERATION OF PLANT-MEDICAL OPERATION	0100	
1 2	NEW CAR REL COSTS BLDG & FIXE	0300	
รีกา	NEW CAP REL COSTS-BLOG & FIXT	0300	NEW CAP REL COSTS RIDG & ETYT
3.02	NEW CAP REL COSTS-BLDG & FIXT	0302	NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT
5	EMPLOYEE BENEFITS	0500	
5.01	COMMUNICATIONS	0501	EMPLOYEE BENEFITS
Ž.03	PATIENT ACCOUNTING	0503	EMPLOYEE BENEFITS EMPLOYEE BENEFITS
b	ADMINISTRATIVE & GENERAL	0600	
8 A1	OPERATION OF PLANT	0800	OPERATION OF PLANT OPERATION OF PLANT
8.02	OPERATION OF PLANT-MEDICAL OFFICE	0802	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	0. 210312011 01 1 27111
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12 14	CAFETERIA	1200	
15	CENTRAL SERVICES & SUBBLY	1400 1500	
16	HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY INPAT ROUTINE SRVC C ADMITS & GENTATRICS	1600	
ĨŽ	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
23	ADDETS & FEDIA RICS	2500	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST	2600	
37	ANCILLARY SAVE COST	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49 50	ANCILLARY SRVC COST OPERATING ROOM RECOVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC LABORATORY INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS	4900 5000	
51	OCCUPATIONAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS ONCOLOGY	5100	
53	ELECTROCARDIOLOGY	5300	
5.5	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.02	ONCOLOGY	5602	DRUGS CHARGED TO PATIENTS
60	OUTPAT SERVICE COST CLINIC	6000	
60.01	ORTHOPEDIC CLINIC	6000 6001	CLINIC
61	FMERGENCY	6100	
62	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	6200	
0.0	SPEC PURPOSE COST CE	0000	
90	OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CE INTEREST EXPENSE OTHER CAPITAL RELATED COSTS SUBTOTALS NONREIMBURS COST CEN GIFT, FLOWER, COFFEE SHOP & CANTEEN DESCAPE	8800 9000 0000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	precupeu
97.01 97.02	NONREIMBURS COST CEN GIFT, FLOWER, COFFEE SHOP & CANTEEN RESEARCH CONTRACT SERVICES EDUCATION SERVICES HOME INFUSION MOW DME/OXYGEN THERAPY ASSISTED LIVING O/P CLINIC	9701	RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH
97.02	HOME THEUSTON	9702	RESEARCH
97.04	MOW	9704	RESEARCH
97.05 97.06	DME/OXYGEN THERAPY	9705	RESEARCH
97.06	ASSISTED LIVING	9706	RESEARCH
	O/P CLINIC		RESEARCH
98 99	MONDATO MODERE	9800 9900	
99.02	MEDNETWORK	9902	NONPATO WORKERS
		7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	BEHAVIOR HEALTH SERVICES	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	COUNTY HEALTH DEPARTMENT	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03 100.04	PUBLIC RELATIONS	/953 7054	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NONREIMBUREAL BEHAVIOR HEALTH SERVICES COUNTY HEALTH DEPARTMENT PUBLIC RELATIONS FOUNDATION LIFELINE MILLERS-AUTUMNWOOD CLARIAN-HHA	7955 7955	NONPAID WORKERS OTHER NONREIMBURSABLE COST CENTERS
100.06	MILLERS-AUTUMNWOOD	7956	OTHER NONREIMBURSABLE COST CENTERS
		7957	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

HEALTH FINANCIAL SYSTEMS RECLASSIFICATIONS	MCRS/PC-WIN	FOR	R TIPTON COUNT	Y MEMORIAL	HOSPITAL PROVIDER 151311			2552-96 (0 PREPARED WORKSHEET ,	5/12/2008
EXPLANATION OF RECLASSIFIC		DDE (1) C	COST CENTER	2	INC	REASE LINE NO 3	SALARY 4		OTHER 5
1 CAFETERIA 2 INSURANCE 3 VP NURSING 4 ASST LIVING DEPRECIATION 5 ORTHOPEDIC CLERICAL 6 RADIOLOGY DIRECTOR 36 TOTAL RECLASSIFICATIONS		B N C N D A E A	AFETERIA IEW CAP REL CO. IURSING ADMINI. SSISTED LIVIN IDMINISTRATIVE ADIOLOGY-DIAG	STRATION 3 & GENERAL	FIXT	12 3.01 14 97.06 6 41	199,287 122,041 25,171 624,000 970,499	10	41,828 06,821 74,126 22,775

⁽¹⁾ A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

HEALTH FINANCIAL SYSTEMS RECLASSIFICATIONS	MCRS/PC-WIN F	FOR TIPTON COUNTY	MEMORIAL HOSPITA PROVID 151311	ER NO: PERIOD: FROM 1		96 (09/1996) RED 5/12/2008 HEET A-6	
EXPLANATION OF RECLASSIFIC	CODE ATION (1)		6	ECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1 CAFETERIA 2 INSURANCE 3 VP NURSING 4 ASST LIVING DEPRECIATION 5 ORTHOPEDIC CLERICAL 6 RADIOLOGY DIRECTOR 36 TOTAL RECLASSIFICATIONS	A B C D E F	DIETARY ADMINISTRATIVE & ADMINISTRATIVE & NEW CAP REL COST ORTHOPEDIC CLINI PHYSICIANS' PRIV	GENERAL S-BLDG & FIXT	11 6 6 3.01 60.01 98	199,287 122,041 25,171 624,000 970,499	141,828 106,821 174,126	12 9

⁽¹⁾ A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR TIPTON COUNTY MEMORIAL HOSPITAL	IN LIEU OF FORM CMS-2552-96 (09/1996)
RECLASSIFICATIONS		PROVIDER NO	PRIOD: PREPARED 5/12/2008 FROM 1/ 1/2007 WORKSHEET A-6
		Ì	TO 12/31/2007 NOT A CMS WORKSHEET

RECLASS CODE: A EXPLANATION : CAFETERIA			
LINE COST CENTER 1.00 CAFETERIA TOTAL RECLASSIFICATIONS FOR CODE A	LINE AMO 12 341, 341,	UNT COST CENTER 115 DIETARY 115	DECREASE AMOUNT 11 341,115 341,115
RECLASS CODE: B EXPLANATION : INSURANCE			
LINE COST CENTER 1.00 NEW CAP REL COSTS-BLDG & FIXT TOTAL RECLASSIFICATIONS FOR CODE B	EINE AMO 3.01 106, 106,	JNT COST CENTER 821 ADMINISTRATIVE & GENERA 821	LINE AMOUNT L 6 106,821 106,821
RECLASS CODE: C EXPLANATION : VP NURSING			
LINE COST CENTER 1.00 NURSING ADMINISTRATION TOTAL RECLASSIFICATIONS FOR CODE C	EELINE AMOU 14 122,(122,(INT COST CENTER 041 ADMINISTRATIVE & GENERA 041	DECREASE
RECLASS CODE: D EXPLANATION: ASST LIVING DEPRECIATION			
LINE COST CENTER 1.00 ASSISTED LIVING TOTAL RECLASSIFICATIONS FOR CODE D	LINE AMOL 97.06 174,1 174,1	INT COST CENTER 126 NEW CAP REL COSTS-BLDG 126	DECREASE
RECLASS CODE: E EXPLANATION : ORTHOPEDIC CLERICAL			
LINE COST CENTER 1.00 ADMINISTRATIVE & GENERAL TOTAL RECLASSIFICATIONS FOR CODE E	E	NT COST CENTER .71 ORTHOPEDIC CLINIC .71	DECREASE
RECLASS CODE: F EXPLANATION: RADIOLOGY DIRECTOR			
LINE COST CENTER 1.00 RADIOLOGY-DIAGNOSTIC TOTAL RECLASSIFICATIONS FOR CODE F	LINE AMOU 41 624,0 624,0	NT COST CENTER 100 PHYSICIANS' PRIVATE OFF	DECREASE

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL
ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL I PROVIDER NO:
ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE I 15-1311 I FROM 1/1/2007 I WORKSHEET A-7
COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS I I TO 12/31/2007 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION			ACQUISITIONS		DISPOSALS		FULLY
1 2 3 4 5 6 7 8 9	LAND LAND IMPROVEMENTS BUILDINGS & FIXTURE BUILDING IMPROVEMEN FIXED EQUIPMENT MOVABLE EQUIPMENT SUBTOTAL RECONCILING ITEMS TOTAL	BEGINNING BALANCES 1	PURCHASES 2	DONATION 3	TOTAL 4	AND RETIREMENTS 5	ENDING BALANCE 6	DEPRECIATED ASSETS 7

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	A C C T IN THE		ACQUISITIONS		DISPOSALS		FULLY
1	LAND	BEGINNING BALANCES 1 125,482	PURCHASES 2	DONATION 3	TOTAL 4	AND RETIREMENTS 5	ENDING BALANCE 6 125,482	DEPRECIATED ASSETS 7
2 3 4 5	LAND IMPROVEMENTS BUILDINGS & FIXTURE BUILDING IMPROVEMEN FIXED EQUIPMENT MOVABLE EQUIPMENT	616,387 17,057,444 2,850,695 19,794,173	700,384 207,851 10,258,913 1,394,821		700,384 207,851 10,258,913 1,394,821	700,384 908,869	1,316,771 17,265,295 12,409,224 20,280,125	
7	SUBTOTAL RECONCILING ITEMS	40,444,181	12,561,969		12,561,969	1,609,253	51,396,897	
8 9	TOTAL	40,444,181	12,561,969		12,561,969	1,609,253	51,396,897	

PART I		ILIATION OF	CAPITAL COST (COMPUTATION CAPITLIZED G			ALLO	DCATION OF OTH	HER CAPITAL OTHER CAPITAL	
ń			ASSETS	LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	RELATED_COSTS	TOTAL
1 3	NEW CAP R	REL COSTS-BL REL COSTS-BL REL COSTS-BL REL COSTS-BL	1	2	3	4	5	6	7	8
5	TOTAL					1.000000				
	DESC	RIPTION			SUMMARY OF OL	.D AND NEW CAP		OTHER CAPITAL		
**			DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	RELATED COST	TOTAL (1) 15	
1		EL COSTS-BL	74,263						74 262	
3 0:	I NEW CAP R	EL COSTS-BL	1,428,005 65,289		-15,493	106,821			74,263 1,519,333	
3 0; 5	TOTAL	EL COSTS-BL	1,567,557		-15,493	106,821			65,289 1,658,885	
PART IV	V - RECONCI DESC	LIATION OF A	AMOUNTS FROM WO	ORKSHEET A, C		1 THRU 4 D AND NEW CAP		OTHER CAPITAL		
*	0.0.0.0		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12		RELATED COST	TOTAL (1) 15	
3	NEW CAP R	EL COSTS-BL EL COSTS-BL	73,865						73,865	
3 02	l NEW CAP R	EL COSTS-BL EL COSTS-BL	1,602,131 65,289						1,602,131	
5	TOTAL		1,741,285						65,289 1,741,285	

^{*} All lines numbers except line 5 are to be consistent with Workhseet A line numbers for capital cost centers.

(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.

Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

	DESCRIPTION (1)	(2) BASIS/CODE	AMQUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF.
1234567890101	INVST INCOME-OLD BLDGS AND FIXTURES INVESTMENT INCOME-OLD MOVABLE EQUIP INVST INCOME-NEW BLDGS AND FIXTURES INVESTMENT INCOME-NEW MOVABLE EQUIP INVESTMENT INCOME-OTHER TRADE, QUANTITY AND TIME DISCOUNTS REFUNDS AND REBATES OF EXPENSES RENTAL OF PRVIDER SPACE BY SUPPLIERS TELEPHONE SERVICES TELEVISION AND RADIO SERVICE	BASIS/CODE 1	2	3 OLD CAP REL COSTS-BLDG & **COST CENTER DELETED** NEW CAP REL COSTS-BLDG & **COST CENTER DELETED**		5
11 12	PARKING LOT PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,400,214			
13 14	RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 16 17 18 19 20 21 22 23 24	CAPETERIAEMPLOYEES AND GUESTS RENTAL OF QTRS TO EMPLYEE AND OTHRS SALE OF MED AND SURG SUPPLIES SALE OF DRUGS TO OTHER THAN PATIENTS SALE OF MEDICAL RECORDS & ABSTRACTS NURSG SCHOOL (TUITN, FEES, BOOKS, ETC.) VENDING MACHINES INCOME FROM IMPOSITION OF INTEREST INTRST EXP ON MEDICARE OVERPAYMENTS					
25 26	ADJUSTMENT FOR RESPIRATORY THERAPY ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4 A-8-3/A-8-4 A-8-3		RESPIRATORY THERAPY PHYSICAL THERAPY	49 50	
27 28 29 30 31 32 33	ADJUSTMENT FOR HHA PHYSICAL THERAPY UTILIZATION REVIEW-PHYSIAN COMP DEPRECIATION-OLD BLDGS AND FIXTURES DEPRECIATION-NEW BLDGS AND FIXTURES DEPRECIATION-NEW BLDGS AND FIXTURES DEPRECIATION-NEW BLDGS AND FIXTURES DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED** OLD CAP REL COSTS-BLDG & **COST CENTER DELETED** NEW CAP REL COSTS-BLDG & **COST CENTER DELETED**	89 1 2 3 4 20	
49.13 49.14 49.15 49.16 49.17 49.18 49.21	ADJUSTMENT FOR OCCUPATIONAL THERAPY ADJUSTMENT FOR SPEECH PATHOLOGY INTEREST PURCHASE DISCOUNTS TELEPHONE TV LAUNDRY SERVICES REVENUE CAFETERIA - EMPLOYEE/GUEST SALE OF SUPPLIES SALE OF BRUGS SALE OF MEDICAL RECORDS VENDING MACHINES GOLF TOURNAMENT REVENUE MISC NON-OPERATING INCOME MISC OPERATING INCOME MISC OPERATING INCOME MISC OPERATING INCOME PATIENT PHONE SALARY PATIENT PHONE SALARY PATIENT PHONE BENEFITS CAPITAL CARRYFORWARD POSTAGE/UPS PHYSICIAN RECRUITMENT PATIENT TELEVISIONS DIETARY INCOME EDUCATION SERVICES AHA LOBBYING DUES CRNA EXPENSE LIFELINE RENTAL ATM REVENUE HEALTH MINISTRY DISPOSAL OF ASSETS DIETARY CONSULTANT ORTHO ROC BS YR MAINT FEES REV TMM BILL SERV FEE RE TOTAL (SUM OF LINES 1 THRU 49)	4-4-8-4 B B A A B B B B A A A B B B B A B B B B	-15,493 -11,387 -2,137 -569 -5,968 -103,945 -13,366 -7,869 -7,869 -13,36 -245 -14,857 -14,129 -5,879 -3,884 -29,768 -8,383 -19,151 -2487 -163,437 -21,430 -1,200 -5,7568 -134,505 -9,751 -2,568 -134,505 -9,7411 -2,367,883	OCCUPATIONAL THERAPY "*COST CENTER DELETED" NEW CAP REL COSTS-BLDG & ADMINISTRATIVE & GENERAL COMMUNICATIONS OPERATION OF PLANT-HOSPIT LAUNDRY & LINEN SERVICE CAFETERIA CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY OPERATION OF PLANT-HOSPIT ADMINISTRATIVE & GENERAL INTENSIVE CARE UNIT COMMUNICATIONS EMPLOYEE BENEFITS NEW CAP REL COSTS-BLDG & ADMINISTRATIVE & GENERAL	\$1 \$2 3.01 6.01 9 12 15 16 17 8.01 66 26 5.01 53 66 61 16 66 66 66 66 66 66 66 66 66 66	9

⁽¹⁾ Description - all chapter references in this columnpertain to CMS Pub. 15-I.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to worksheet A-7

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

PROVIDER BASED PHYSICIAN ADJUSTMENTS I 15-1311 I FROM 1/ 1/2007 I WORKSHEET A-8-2
I TO 12/31/2007 I GROUP 1

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT S	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1 2 3 4 5 6 7	40 ANESTHSIA 50 PT 49 RT 44 LAB 61 ER 37 OR 53 SLEEP LAB 60 1 ORTHOPEDI		30,000 17,000 5,000 76,875 872,973 12,500 3,100	55,350 462,676	30,000 17,000 5,000 21,525 410,297 12,500 3,100				
8 10 11 12 13 14 15	60 1 ORTHOPEDI 41 RADIOLOGY	CCLINIC	397,500 624,000	297,500 584,688	100,000 39,312				
10 112 145 16 189 122 223 226 227 229 230									
26 27 28 29 30 101	TOTAL		2,038,948	1,400,214	638,734				

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I FROM 1/ 1/2007 I WORKSHEET A-8-2
I TO 12/31/2007 I GROUP 1

1	WKSHT A LINE NO. 10 40 ANESTHSIA	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
1234567	50 PT 49 RT 44 LAB 61 ER 37 OR 53 SLEEP LAB 60 1 ORTHOPEDI	c cu vura							55,350 462,676
8 9 10 11 12 13 14 15	60 1 ORTHOPEDIG 41 RADIOLOGY	CCLINIC							297,500 584,688
1111345678901234567890 222222222234567890									
25 26 27 28 29 30 101	TOTAL								1,400,214

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IN LIEU OF FORM CMS-2552-96(12/1999)
I PERIOD:
I FROM 1/ 1/2007 I WORKSHEET A-8-4
I TO 12/31/2007 I PARTS I - VII
HEALTH FINANCIAL SYSTEMS
                                                                              MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL
                                                                                                                                                                                   I PROVIDER NO:
I 15-1311
                                      REASONABLE COST DETERMINATION FOR THERAPY
                                      SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998
                                                                                                                        PHYSICAL THERAPY
  PART I - GENERAL INFORMATION

1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES)

(SEE INSTRUCTIONS)

2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK

3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR
OR THERAPIST WAS ON PROVIDER SITE
(SEE INSTRUCTIONS)

4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY
ASSISTANT WAS ON PROVIDER SITE BUT NEITHER
SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE
(SEE INSTRUCTIONS)
                                                                                                                                                                                      52
                                                                                                                                                                                    780
                  SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)
NUMBER OF UNDUPLICATED OFFSITE VISITS -
SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)
NUMBER OF UNDUPLICATED OFFSITE VISITS -
THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY
THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR
THERAPIST WAS NOT PRESENT DURING THE VISIT(S))
(SEE INSTRUCTIONS)
STANNABD TRAVEL EXPENSE BATE
     5
                  STANDARD TRAVEL EXPENSE RATE OPTIONAL TRAVEL EXPENSE RATE PER MILE
                                                                                                                                                                                3.45
     8
                                                                                                                                                             SUPERVISORS
                                                                                                                                                                                                   THERAPISTS
                                                                                                                                                                                                                                                                               ATDES
                                                                                                                                                                                                                                                                                                               TRATNEES
                                                                                                                                                                                                                                    ASSISTANTS
                 TOTAL HOURS WORKED
AHSEA (SEE INSTRUCTIONS)
STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-
HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF
COLUMN 3, LINE 10)
NUMBER OF TRAVEL HOURS
                                                                                                                                                                                                              285.00
  10
11
                                                                                                                                                                                                                 67.04
33.52
                                                                                                                                                                             33.52
  12
 12 (SEE INSTRUCTIONS)
12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)
13 NUMBER OF MILES DRIVEN
  (SEE INSTRUCTIONS)
13.01 NUMBER OF MILES DRIVEN OFFSITE
                   (SEE INSTRUCTIONS)
  PART II - SALARY EQUIVALENCY COMPUTATION

SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)
                   THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2,
                                                                                                                                                                         19,106
                  LINE 10)
                   ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3,
  16
                  LTNF 10)
                 LINE 1U)
SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT
OR LINES 14-16 FOR ALL OTHERS )
AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)
TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5,
  17
                                                                                                                                                                         19,106
  19
                 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)
  20
                                                                                                                                                                         19,106
      IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20.

OTHERWISE COMPLETE LINES 21-23.

WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)

WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)

TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)

52,291
 21
 22
 23
PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE STANDARD TRAVEL ALLOWANCE
24 THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11) 8,715
25 ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
26 SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS) 8,715
27 STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 897
3 AND 4)
                3 AND 4)
TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD
TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES
26 AND 27)
 28
                                                                                                                                                                           9,612
     OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE
THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF
COLUMNS 1 AND 2, LINE 12)
ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3,
 29
 30
               ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)
SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)
OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)
 31
 33
                                                                                                                                                                           9,612
 34
 35
PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE
     STANDARD TRAVEL EXPENSE
5 THERAPISTS (LINE 5 TIMES COLUMN 2,
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RIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(12/1999)
I PROVIDER NO: I PERIOD: I PREPARED 5/12/2008
I 15-1311 I FROM 1/1/2007 I WORKSHEET A-8-4
I TO 12/31/2007 I PARTS I - VII
  HEALTH FINANCIAL SYSTEMS
                                                                                                                                       MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL
                                                                     REASONABLE COST DETERMINATION FOR THERAPY
                                                                    SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998
                                                                                                                                                                                                             PHYSICAL THERAPY
        37
                                   ASSISTANTS (LINE 6 TIMES COLUMN 3,
                                 ASSISTANTS (LINE O TANADO LINE 12)
LINE 11)
SUBTOTAL (SUM OF LINES 36 AND 37)
STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF
LINES 5 AND 6)
THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES
COLUMN 2, LINE 10)
ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3,
        39
        40
        41
              LINE 10)

SUBTOTAL (SUM OF LINES 40 AND 41)

OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)

TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES; COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)

OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)
        42
        45
        46
                                   SEE INSTRUCTIONS)
      PART V - OVERTIME COMPUTATION
                                                                                                                                                                                                                                                                                 THERAPISTS ASSISTANTS
                                                                                                                                                                                                                                                                                                                                                                                                                AIDES
                                                                                                                                                                                                                                                                                                                                                                                                                                                                       TRAINEES
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       TOTAL
           OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)

OVERTIME RATE (SEE INSTRUCTIONS)

CALCULATION OF LIMIT

TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)

PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)

ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)

DETERMINATION OF OVERTIME ALLOWANCE

ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 ς
      47
      48
      49
      50
                                                                                                                                                                                                                                                                                                   100.00
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 100.00
      52
                                 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)
OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)
MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49
OR LINE 53)
PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY
      55
                                 COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 LINE 52)
                                 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)
      56
    PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT
57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 52,291
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM 9,612
PART III, LINE 33, 34, OR 35)
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
(FROM PART IV, LINES 44, 45, OR 46)
60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
61 EQUIPMENT COST (SEE INSTRUCTIONS)
62 SUPPLIES (SEE INSTRUCTIONS)
63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 61,903
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR 17,188
RECORDS)
                                 RECORDS)
                               EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)
     65
NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES 6 COST OF OUTSIDE SUPPLIER SERVICES - 17,188

(SEE INSTRUCTIONS)(FROM YOUR RECORDS)

66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)

66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)

67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS 17,188

LINE MUST AGREE WITH LINE 64)

68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO 1.000000

TOTAL COST- (LINE 66 DIVIDED BY LINE 67)

68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)

68.13 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CHAI I (LINE 66 DIVIDED BY LINE 67)

69 EXCESS COST OVER LIMITATION-(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.31 EXCESS COST OVER LIMITATION-ORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.31 EXCESS COST OVER LIMITATION-HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
```

AS INDICATED IN INSTRUCTIONS)

HEALTH FINANCIAL SYSTEMS

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(12/1999)

I PROVIDER NO: I PERIOD: I PREPARED 5/12/2008

ST DETERMINATION FOR THERAPY I 15-1311 I FROM 1/ 1/2007 I WORKSHEET A-8-4

ISHED BY OUTSIDE SUPPLIERS I I TO 12/31/2007 I PARTS I - VII

1 PROVIDER NO: I PROVIDER NO: I PARTS I - VII

1 PROVIDER NO: I PROVIDER NO: I PARTS I - VII

1 PROVIDER NO: I PROVIDER NO: I PARTS I - VII

1 PROVIDER NO: I PROVIDER NO: I PARTS I - VII

1 PROVIDER NO: I PROVIDER NO: I PARTS I - VII

1 PROVIDER NO: I PROVIDER NO: I PROVIDER NO: I PARTS I - VII

1 PROVIDER NO: I PROVIDER NO: I PROVIDER NO: I PARTS I - VII

1 PROVIDER NO: I PROVIDER NO: I PROVIDER NO: I PARTS I - VII

1 PROVIDER NO: I PRO

PHYSICAL THERAPY

TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE $69)(\mbox{THIS LINE MUST AGREE WITH LINE }65)$ 70

HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR TIPTON COUNTY MEMORIAL HOSPITAL	CMS-2552-96(9/1997)
COST ALLOCATION ST	ATISTICS	I PROVIDER NO: I 15-1311 I	I PREPARED 5/12/2008 I NOT A CMS WORKSHEET I

LINE NO.		STATISTICS CODE	STATISTICS DESCRIPTION	
1	GENERAL SERVICE COST OLD CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3		3	SQUARE FT COMBINED	ENTERED
3.01 3.02 5	NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT EMPLOYEE BENEFITS		SQUARE FEET SQUARE FT MAB GROSS SALARIES	ENTERED ENTERED NOT ENTERED
5.01 5.03 6	COMMUNICATIONS PATIENT ACCOUNTING ADMINISTRATIVE & GENERAL	5 53 #	# OF PHONES GROSS CHARGES ACCUM. COST	ENTERED ENTERED NOT ENTERED
8	OPERATION OF PLANT OPERATION OF PLANT-HOSPITAL OPERATION OF PLANT-MEDICAL OFFICE	3	SQUARE FT COMBINED	ENTERED
8.01		1	SQUARE FEET	ENTERED
8.02		4	SQUARE FT MAB	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE FT COMBINED	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12 14 15	CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	11 13 14	HOURS OF SERVICE DIRECT NRSING HRS COSTED REQUIS.	ENTERED ENTERED ENTERED
16	PHARMACY	īš	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	c	GROSS CHARGES	NOT ENTERED

		NET EXPENSES	OLD CAP REL C NEW CAP	REI C NE	TW CAD DEL C N	EN CAR BEL C E	MOLOVEE BENE (COMMINICATION
	COST CENTER DESCRIPTION	ALLOCATION	OSTS-BLDG & OSTS-BLDG	G& OS	STS-BLDG & O	STS-BLDG & F	ITS S	5
001	GENERAL SERVICE COST CNTR	0	1 3		3.01	3.02	5	5.01
001 003 003 003 005	OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG & O1 NEW CAP REL COSTS-BLDG & O2 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS	74,263 1,519,333 65,289 4,325,012 205,999 297,550 3,881,709	7-	4,263	1,519,333	65,289	4 225 042	
005	01 COMMUNICATIONS 03 PATIENT ACCOUNTING	205,999					4,325,012 69,811 66,497	275,810
006 008	ADMINISTRATIVE & GENERAL OPERATION OF PLANT	3,881,709 381,691 1,295,051		5,983	132,307		495,710 119,885	71,177
008 008	01 OPERATION OF PLANT-HOSPIT 02 OPERATION OF PLANT-MEDICA	48,222		2,512	276,689		14,734	
009 010 011 012	LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA	141,483 392,269 484,793 237,170		1,731 1,321 3,497	38,287 29,211 77,323		23,757 97,051 92,943 62,594	4,791
014 015 016 017	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY	153,733 1,464,146 2,157,865 725,477	ž	325 653 632 2,055	7,193 14,432 13,966 45,452		46,797 11,341 146,596 173,545	11,635
025 026	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	1,742,852 584,064		5,516 984	121,989 21,771		528,148 186,961	39,010 7,528
037 038	OPERATING ROOM RECOVERY ROOM	916,822 71,635	4	1,871	107,721		245,313 22,525	15,741
040 041 044 048	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC LABORATORY INTRAVENOUS THERAPY	71,635 82,323 1,993,310 1,616,537 65,971		53 2,725 1,865	1,179 60,259 41,248		50,319 440,751 226,180	10,266 8,213
049 050 051	RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY	65,971 405,209 584,283 83,653	3	954 3,819	21,104 84,442		107,715 160,304 24,049	6,844
053 055 056	ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED	471,810		701	15,510		94,866	9,581
056	DRUGS CHARGED TO PATIENTS 02 ONCOLOGY OUTPAT SERVICE COST CNTRS CLINIC	216,407		787	17,411		43,978	3,422 5,475
060 061 062	01 ORTHOPEDIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DIS	153,800 997,648	1	203 . 404	4,488 31,048		2,794 434,455	3,422 6,160
095 096	SPEC PURPOSE COST CENTERS SUBTOTALS NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP	27,837,379	52	,591	1,163,030		3,989,619	203,265
097 097 097 097 097	RESEARCH O1 CONTRACT SERVICES O2 EDUCATION SERVICES O3 HOME INFUSION O4 MOW							
097 097 097 098 099	05 DME/OXYGEN THERAPY 06 ASSISTED LIVING 07 O/P CLINIC PHYSICIANS' PRIVATE OFFIC NONPAID WORKERS	147,802 720,388 257,718 1,428,450		,901 ,806	42,043 1,727	\$5,545	82,991 40,627 115,445	13,003 2,738
100 100 100 100	02 MEDNETWORK OTHER NORREIMBUREAL 01 BEHAVIOR HEALTH SERVICES 02 COUNTY HEALTH DEPARTMENT 03 PUBLIC RELATIONS 04 FOUNDATION	-425 133,062 186,521 130,512 376,875 57,860		830 322 502	7,120 11,096	9,744	21,673 39,678 19,676 15,268	2,053 684
100 100 100	05 LIFELINE 06 MILLERS-AUTUMNWOOD 07 CLARIAN-HHA	1,198 989	12	,969 342	286,758 7,559		35	52,014
101 102 103	CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER TOTAL	31,278,329	74	, 263	1,519,333	65,289	4,325,012	275,810

	COST CENTER DESCRIPTION	PATIENT ACCOU NTING	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT-HOSPIT		
001 003 003 003 005 005	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG & 01 NEW CAP REL COSTS-BLDG & 02 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS 01 COMMUNICATIONS	5.03	\$a.03	6	8	8.01	8.02	9
005 006 008 008 008 009 010 011	03 PATIENT ACCOUNTING ADMINISTRATIVE & GENERAL OPERATION OF PLANT 01 OPERATION OF PLANT-HOSPIT 02 OPERATION OF PLANT-MEDICA LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY	364,047	4,586,886 501,576 1,598,986 48,222 205,258 519,852	8,287 35,273 89 334	587,770 107,707 14,904 11,371 30,099		\$6,509	323,760
012 014 015 016 017	CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY INPAT ROUTINE SRVC CNTRS		663,347 299,764 208,048 1,502,207 2,319,059 946,529	113,994 51,513 35,752 258,148 398,521 162,657	2,800 5,618 5,436 17,693			
025 026	ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	24,929 4,055	2,462,444 805,363	423,161 138,398	47,487 8,475	217,697 38,852		103,815 11,152
037 038	OPERATING ROOM RECOVERY ROOM	54,445 3,237 12,559	1,344,913 97,397	231,118 16,737 25,164	41,933	192,236		43,500
040 041 044 048	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC LABORATORY INTRAVENOUS THERAPY	76,938 44,898 6,471	146,433 2,584,249 1,938,941 72,442 542,162 848,505 110,381	444,090 333 100	459 23,457 16,057	2,104 107,536 73,610		12,061 548
049 050 051	RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY	7,180 8,813 2,679	542,162 848,505	12,449 93,168 145,812 18,969 104,394 5,153	8,215 32,871	37,661 150,693		11,710
053 055	ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED	15,017 29,985	607,485 29,985 52,870	5.153	6,038	27,679		3,440
056 056	DRUGS CHARGED TO PATIENTS 02 ONCOLOGY OUTPAT SERVICE COST CNTRS	49,448 4,191	288,249	9,085 49,534	6,778	31,072		876
060 060 061 062	CLINIC 01 ORTHOPEDIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS	38 19,164	164,745 1,489,879	28,311 256,030	1,747 12,086	8,008 55,407		18,283
095	SUBTOTALS NONREIMBURS COST CENTERS	364,047	26,986,177	3,849,224	401,231	1,345,621		205,385
096 097 097 097 097 097	GIFT, FLOWER, COFFEE SHOP RESEARCH 01 CONTRACT SERVICES 02 EDUCATION SERVICES 03 HOME INFUSION 04 MOW		2,053	353				
097 097 097 098 099	05 DME/OXYGEN THERAPY 06 ASSISTED LIVING 07 O/P CLINIC PHYSICIANS' PRIVATE OFFIC NONPAID WORKERS		147,802 803,379 355,292 1,608,711	25,399 138,057 61,056 276,451	16,366 41,374	75,029 3,083	48,076	329 3,692
099 100 100 100 100	02 MEDNETWORK OTHER NONREIMBUREAL 01 BEHAVIOR HEALTH SERVICES 02 COUNTY HEALTH DEPARTMENT 03 PUBLIC RELATIONS 04 FOUNDATION		7425 133,062 218,768 177,632 410,202 73,812	22,866 37,594 30,525 70,492 12,684	7,141 2,772 4,319	12,706 19,801	8,433	11,458
100 100 100 101	05 LIFELINE 06 MILLERS-AUTUMNWOOD 07 CLARIAN-HHA CROSS FOOT ADJUSTMENT		352,974 8,890	60,657 1,528	111,625 2,942	511,743 13,489		102,896
102 103	NEGATIVE COST CENTER TOTAL	364,047	31,278,329	4,586,886	587,770	1,981,472	56,509	323,760

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

| PREPARED 5/12/2008 | 1 | 15-1311 | 1 | FROM 1/1/2007 | 1 | WORKSHEET B | 1 | TO 12/31/2007 | 1 | PART 1

	COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY
	DESCRIPTION							
001 003 003 005 005 005 006 008 008	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & O1 NEW CAP REL COSTS-BLDG & O2 NEW CAP REL COSTS-BLDG & O2 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS O1 COMMUNICATIONS O3 PATIENT ACCOUNTING ADMINISTRATIVE & GENERAL OPERATION OF PLANT O1 OPERATION OF PLANT-HOSPIT O2 OPERATION OF PLANT-HEDICA LAUNDRY & LINEN SERVICE	10	11	12	14	15	16	17
010 011	HOUSEKEEPING DIETARY	672,686 44,619	990,046					
012	CAFETERIA		990,046	351,277				
014 015	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	4,151 8,328		3,877 2,192	267,464	1,802,247		
016	PHARMACY	8,059		14,069	13,617	1,002,247	2,783,684	
017	MEDICAL RECORDS & LIBRARY INPAT ROUTINE SRVC CNTRS	26,228		29,146				1,263,365
025 026	ADULTS & PEDIATRICS	70,393	217,674	87,417	84,604			88,788
	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	12,563	27,610	21,013	20,338			14,441
037 038	OPERATING ROOM RECOVERY ROOM	62,160		32,008	30,980			193,911
040	ANESTHESIOLOGY	680		3,454 2,014	3,343 1,949			11,528 43,207
041 044	RADIOLOGY-DIAGNOSTIC LABORATORY	34,772 23,802		30,899 33,442	29,906 32,367			274,023
048	INTRAVENOUS THERAPY			•	32,307			159,907 23,046
049 050	RESPIRATORY THERAPY PHYSICAL THERAPY	12,178 48,727		16,381 18,536				25,572 31,388
051	OCCUPATIONAL THERAPY			2,808				9,541
053 055	ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED	8,950		12,324	11,928	1,802,247		53,486 106,793
056	DRUGS CHARGED TO PATIENTS					1,002,247	2,783,684	176,112
056	O2 ONCOLOGY OUTPAT SERVICE COST CNTRS	10,047		5,659	5,477			14,926
060	CLINIC	2		244				
060 061	01 ORTHOPEDIC CLINIC EMERGENCY	2,590 17,916		261 34,049	32,955			136 36,560
062	OBSERVATION BEDS (NON-DIS	,		2.,2.	,			30,300
095	SPEC PURPOSE COST CENTERS SUBTOTALS	396,163	245,284	349,549	267,464	1,802,247	2,783,684	1,263,365
096 097 097	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP RESEARCH 01 CONTRACT SERVICES			,	,	_,,	-,,	,,
097 097	02 EDUCATION SERVICES 03 HOME INFUSION							
097 097 097 097	04 MOW		85,862					
097 097	05 DME/OXYGEN THERAPY 06 ASSISTED LIVING							
097	07 O/P CLINIC	24,261						
098 099 099	PHYSICIANS' PRIVATE OFFIC NONPAID WORKERS 02 MEDNETWORK	61,332						
100 100	OTHER NONREIMBUREAL O1 BEHAVIOR HEALTH SERVICES	10,585						
100	UZ COUNTY HEALTH DEPARTMENT	4,108						
100 100 100	03 PUBLIC RELATIONS 04 FOUNDATION 05 LIFELINE	6,403						
100	06 MILLERS-AUTUMNWOOD	165,472	658,900	938				
$\frac{100}{101}$	07 CLARIAN-HHA CROSS FOOT ADJUSTMENT	4,362		790				
102	NEGATIVE COST CENTER							
103	TOTAL	672,686	990,046	351,277	267,464	1,802,247	2,783,684	1,263,365

	COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
001 003 003 005 005 006 008 008 009 010 011 015 015	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG & O1 NEW CAP REL COSTS-BLDG & O2 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS O1 COMMUNICATIONS O3 PATIENT ACCOUNTING ADMINISTRATIVE & GENERAL OPERATION OF PLANT-HOSPIT O1 OPERATION OF PLANT-HEDICA LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY		26	27
025 026	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	3,803,480 1,098,205		3,803,480 1,098,205
037 038 040 041 044 048 049 050 051 053	OPERATING ROOM RECOVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC LABORATORY INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED	2,172,759 132,459 222,010 3,540,993 2,611,873 107,937 735,337 1,288,242 141,699 835,724		2,172,759 132,459 222,010 3,540,993 2,611,873 107,937 735,337 1,288,242 141,699 835,724
056 056	DRUGS CHARGED TO PATIENTS 02 ONCOLOGY OUTPAT SERVICE COST CNTRS	1,944,178 3,021,751 412,618		1,944,178 3,021,751 412,618
060 060 061 062	CLINIC 01 ORTHOPEDIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS	205,798 1,953,165		205,798 1,953,165
095 096	SUBTOTALS NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP	24,228,228		24,228,228
097 097 097 097 097	RESEARCH 01 CONTRACT SERVICES 02 EDUCATION SERVICES 03 HOME INFUSION 04 HOME	pr oc^		
097 097 097 097 098 099	04 MOW 05 DME/OXYGEN THERAPY 06 ASSISTED LIVING 07 O/P CLINIC PHYSICIANS' PRIVATE OFFIC NONPAID WORKERS	85,862 173,201 941,436 532,333 2,042,719		85,862 173,201 941,436 532,333 2,042,719
099 100 100 100 100 100 100	02 MEDNETWORK OTHER NONREIMBUREAL 01 BEHAVIOR HEALTH SERVICES 02 COUNTY HEALTH DEPARTMENT 03 PUBLIC RELATIONS 04 FOUNDATION 05 LIFELINE	-425 167,386 282,521 227,743 511,217 86,496		-425 167,386 282,521 227,743 511,217 86,496
100 100 100 101	06 MILLERS-AUTUMNWOOD 07 CLARIAN-HHA CROSS FOOT ADJUSTMENT	1,965,205 32,001		1,965,205 32,001
102 103	NEGATIVE COST CENTER TOTAL	31,278,329		31,278,329

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 5/12/2008

ALLOCATION OF NEW CAPITAL RELATED COSTS I 15-1311 I FROM 1/ 1/2007 I WORKSHEET B

I TO 12/31/2007 I PART III

	COST CENTER	DIR ASSGNED NEW CAPITAL	OLD CAP REL O	C NEW CAP REL C N OSTS-BLOG & C	EW CAP REL C N	EW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	DESCRIPTION	REL COSTS 0	1	3	3.01	3.02	4a	5
001 003 003 003 005 005	GENERAL SERVICE COST CNT OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG & 01 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS 01 COMMUNICATIONS	R	-	·	3.02	3.02	70	J
005 006	03 PATIENT ACCOUNTING ADMINISTRATIVE & GENERAL			5,983	132,307		138,290	
800 800 800	OPERATION OF PLANT 01 OPERATION OF PLANT-HOSPI 02 OPERATION OF PLANT-MEDIC	Ţ		12,512	276,689		289,201	
009 010	LAUNDRY & LINEN SERVICE HOUSEKEEPING	A		1,731 1,321	38,287		40,018 30,532	
011 012	DIETARY CAFETERIA			3,497	29,211 77,323		80,820	
014 015	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPL	Y		325 653	7,193 14,432		7,518 15,085	
016 017	PHARMACY MEDICAL RECORDS & LIBRAR	Υ		632 2,055	13,966 45,452		14,598 47,507	
025	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			5,516	121,989		127,505	
026	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTR	s		984	21,771		22,755	
037 038 040	OPERATING ROOM RECOVERY ROOM ANESTHESIOLOGY			4,871 53	107,721 1,179		112,592	
041 044	RADIOLOGY-DIAGNOSTIC LABORATORY			2,725 1,865	60,259 41,248		1,232 62,984 43,113	
048 049	INTRAVENOUS THERAPY RESPIRATORY THERAPY			954	21,104		22,058	
050 051	PHYSICAL THERAPY OCCUPATIONAL THERAPY			3,819	84,442		88,261	
053 055	ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED			701	15,510		16,211	
056 056	DRUGS CHARGED TO PATIENT 02 ONCOLOGY OUTPAT SERVICE COST CNTR			787	17,411		18,198	
060 060	CLINIC O1 ORTHOPEDIC CLINIC			203	4,488		4,691	
061 062	EMERGENCY OBSERVATION BEDS (NON-DI: SPEC PURPOSE COST CENTER:	\$		1,404	31,048		32,452	
095	SUBTOTALS NONREIMBURS COST CENTERS			52,591	1,163,030		1,215,621	
096 097	GIFT, FLOWER, COFFEE SHO RESEARCH	Р						
097 097	01 CONTRACT SERVICES 02 EDUCATION SERVICES							
097 097 097	03 HOME INFUSION 04 MOW 05 DME/OXYGEN THERAPY							
097 097	06 ASSISTED LIVING 07 O/P CLINIC			1,901	42,043		43,944	
098 099 099	PHYSICIANS' PRIVATE OFFICE NONPAID WORKERS 02 MEDNETWORK	c		4,806	1,727	55,545	62,078	
100 100	OTHER NONREIMBUREAL O1 BEHAVIOR HEALTH SERVICES			830		9,744	10,574	
100 100	02 COUNTY HEALTH DEPARTMENT 03 PUBLIC RELATIONS			322 502	7,120 11,096	2,,	7,442 11,598	
100 100	04 FOUNDATION 05 LIFELINE			40.05			•	
100 100	06 MILLERS-AUTUMNWOOD 07 CLARIAN-HHA			12,969 342	286,758 7,559		299,727 7,901	
101 102 103	CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER TOTAL			74,263	1,519,333	65,289	1,658,885	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 5/12/2008

ALLOCATION OF NEW CAPITAL RELATED COSTS I 15-1311 I FROM 1/1/2007 I WORKSHEET B

I TO 12/31/2007 I PART III

	COST CENTER DESCRIPTION	COMMUNICATION S	PATIENT NTING	ACCOU		OPERATION OF PLANT		OPERATION OF PLANT-MEDICA	LAUNDRY & LIN EN SERVICE
	DESCRIPTION	5.01	5.	03	6	8	8.01	8.02	9
001 003 003 003 005 005	GENERAL SERVICE COST CNT OLD CAP REL COSTS-BŁDG & NEW CAP REL COSTS-BLDG & O1 NEW CAP REL COSTS-BLDG & O2 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS O1 COMMUNICATIONS O3 PATIENT ACCOUNTING	i t							•
006 008 008 008	ADMINISTRATIVE & GENERAL OPERATION OF PLANT 01 OPERATION OF PLANT-HOSPI 02 OPERATION OF PLANT-MEDIC	т			138,290 2,599 8,284 250	2,599 476	297,961	250	
009 010 011 012	LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA				1,063 2,693 3,437 1,553	66 50 133	10,274 7,839 20,750		51,421
014 015 016 017	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPL PHARMACY MEDICAL RECORDS & LIBRAR INPAT ROUTINE SRVC CNTRS	Y			1,078 7,783 12,015 4,904	12 25 24 78	1,930 3,873 3,748 12,197		
025 026	ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTR				12,758 4,173	210 37	32,736 5,842		16,489 1,771
037 038	OPERATING ROOM RECOVERY ROOM	5			6,968 505	185	28,907		6,909
040 041 044 048	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC LABORATORY INTRAVENOUS THERAPY				759 13,389 10,046 375	104 71	316 16,170 11,069		1,916 87
049 050 051	RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY				2,809 4,396 572	36 145	5,663 22,660		1,860
053 055	ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED				3,147 155	27	4,162		546
056 056 060	DRUGS CHARGED TO PATIENT 02 ONCOLOGY OUTPAT SERVICE COST CNTR CLINIC				274 1,493	30	4,672		139
060 061 062	01 ORTHOPEDIC CLINIC EMERCENCY OBSERVATION BEDS (NON-DI: SPEC PURPOSE COST CENTER:				854 7,719	8 53	1,204 8,332		2,904
095	SUBTOTALS NONREIMBURS COST CENTERS	,			116,051	1,772	202,344		32,621
096 097 097 097 097 097	GIFT, FLOWER, COFFEE SHO RESEARCH OI CONTRACT SERVICES 02 EDUCATION SERVICES 03 HOME INFUSION 04 MOW	P			11				
097 097 097 098 099	05 DME/OXYGEN THERAPY 06 ASSISTED LIVING 07 O/P CLINIC PHYSICIANS' PRIVATE OFFIC NONPAID WORKERS	c			766 4,162 1,841 8,335	72 183	11,282 464	213	52 586
099 100 100 100 100	02 MEDNETWORK OTHER NONREIMBUREAL 01 BEHAVIOR HEALTH SERVICES 02 COUNTY HEALTH DEPARTMENT 03 PUBLIC RELATIONS 04 FOUNDATION				1,133 920 2,125 382	32 12 19	1,911 2,978	37	1,820
100 100 100 101	05 LIFELINE 06 MILLERS-AUTUMNWOOD 07 CLARIAN-HHA CROSS FOOT ADJUSTMENTS				1,829 46	496 13	76,954 2,028		16,342
102 103	NEGATIVE COST CENTER TOTAL				138,290	2,599	297,961	250	51,421

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

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		HOUSEKEEPING	ÜTETARV	CAFETERIA	NURSTNC ADMIN	CENTRAL SERVI	DHADMACV	MEDICAL RECOR
	COST CENTER DESCRIPTION				ISTRATION	CES & SUPPLY		DS & LIBRARY
001 003 003 005 005 006 008 008 008	GENERAL SERVICE COST CNTI OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG & 01 NEW CAP REL COSTS-BLDG & 02 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS 01 COMMUNICATIONS 03 PATIENT ACCOUNTING ADMINISTRATIVE & GENERAL OPERATION OF PLANT 01 OPERATION OF PLANT-MOSPIT 02 OPERATION OF PLANT-MEDICALAUNDRY & LINEN SERVICE	r	11	12	14	15	16	17
010 011	HOUSEKEEPING DIETARY	41,114 2,727	107,867					
012 014	CAFETERIA NURSING ADMINISTRATION	254	,	1,553 17	10,809			
015 016	CENTRAL SERVICES & SUPPLY PHARMACY			10 62	550	27,285	31,490	
017	MEDICAL RECORDS & LIBRARY INPAT ROUTINE SRVC CNTRS			129	330		31,490	66,418
025 026	ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	4,302 768	23,716 3,008	388 93	3,419 822			4,666 759
037 038	OPERATING ROOM RECOVERY ROOM	3,799		141 15	1,252 135			10,191 606
040 041	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	42 2,125		9 137	79			2,271
044 048	LABORATORY	1,455		148	1,209 1,308			14,422 8,404
049 050	INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY	744 2,978		72 82 12				1,211 1,344 1,650
051 053	OCCUPATIONAL THERAPY ELECTROCARDIOLOGY	547		12 54	482			501 2,811
055 056	MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS	:				27,285	31,490	5,613 9,256
056 060	02 ONCOLOGY OUTPAT SERVICE COST CNTRS CLINIC	614		25	221		31,430	784
060	01 ORTHOPEDIC CLINIC	158		1				
061 062	EMERGENCY OBSERVATION BEDS (NON-DIS			151	1,332			1,922
095	SPEC PURPOSE COST CENTERS SUBTOTALS NONREIMBURS COST CENTERS	24,213	26,724	1,546	10,809	27,285	31,490	66,418
096 097 097	GIFT, FLOWER, COFFEE SHOP RESEARCH 01 CONTRACT SERVICES							
097 097	02 EDUCATION SERVICES 03 HOME INFUSION							
097 097	04 MOW 05 DME/OXYGEN THERAPY		9,355					
097 097	06 ASSISTED LIVING 07 O/P CLINIC	1,483						
097 097 097 097 097 097 098 099 099	PHYSICIANS' PRIVATE OFFIC NONPAID WORKERS 02 MEDNETWORK	3,749						
100 100 100 100 100	OTHER NONREIMBUREAL 01 BEHAVIOR HEALTH SERVICES 02 COUNTY HEALTH DEPARTMENT 03 PUBLIC RELATIONS 04 FOUNDATION	647 251 391						
100	05 LIFELINE	10 312	73 700	4				
100 101	06 MILLERS-AUTUMNWOOD 07 CLARIAN-HHA CROSS FOOT ADJUSTMENTS	10,113 267	71,788	3				
102 103	NEGATIVE COST CENTER TOTAL	41,114	107,867	1,553	10,809	27,285	31,490	66,418

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

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			SUBTOTAL	POST	TOTAL
		COST CENTER DESCRIPTION		STEPDOWN ADJUSTMENT	
001 003 003 003 005 006 008 008 009 010 011 012 014 015 016 017	02 01 03	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS COMMUNICATIONS PATIENT ACCOUNTING ADMINISTRATIVE & GENERAL OPERATION OF PLANT-HOSPIT OPERATION OF PLANT-HOSPIT OPERATION OF PLANT-MEDICA LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY INPAT ROUTINE SRVC CNTES	25	26	27
025 026		ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	226,189 40,028		226,189 40,028
037 038		OPERATING ROOM	170,944		170,944
040		RECOVERY ROOM ANESTHESIOLOGY	1,261 4,710		1,261 4,710
041 044		RADIOLOGY-DIAGNOSTIC LABORATORY	112.456		112,456
048		INTRAVENOUS THERAPY	75,701 1,586 32,726		75,701 1,586
049 050		RESPIRATORY THERAPY PHYSICAL THERAPY	32,726 122,032		32,726
051		OCCUPATIONAL THERAPY	1,085		122,032 1,085
053 055		MEDICAL SUPPLIES CHARGED	1,085 27,987 33,053		1,085 27,987
056		DRUGS CHARGED TO PATIENTS	41,020 26,176		33,053 41,020
056	02	ONCOLOGY OUTPAT SERVICE COST CNTRS	26,176		26,176
060		CLINIC			
060 061	01	ORTHOPEDIC CLINIC EMERGENCY	6,923 55,960		6,923 55,960
062		OBSERVATION BEDS (NON-DIS	33,300		33,300
095		SPEC PURPOSE COST CENTERS SUBTOTALS	979,837		979,837
		NONREIMBURS COST CENTERS			,
096 097		GIFT, FLOWER, COFFEE SHOP RESEARCH	11		11
097		CONTRACT SERVICES			
097 097	02	EDUCATION SERVICES HOME INFUSION			
097	04	MOW	9,355		9,355
097 097		DME/OXYGEN THERAPY ASSISTED LIVING	766 4,162		766
097		O/P CLINIC	58,674		4,162 58,674
098 099		PHYSICIANS' PRIVATE OFFIC NONPAID WORKERS	75,608		75,608
099	02	MEDNETWORK			
100 100	01	OTHER NONREIMBUREAL BEHAVIOR HEALTH SERVICES	2,509 12,423		2,509 12,423
100	02	COUNTY HEALTH DEPARTMENT	10.536		10,536 17,111
100 100		PUBLIC RELATIONS FOUNDATION	17,111 382		17,111 382
100	05	LIFELINE			
100 100		MILLERS-AUTUMNWOOD CLARIAN-HHA	477,253 10,258		477,253 10,258
101	٠,	CROSS FOOT ADJUSTMENTS	10,200		10,236
102 103		NEGATIVE COST CENTER TOTAL	1,658,885		1,658,885
			_,000,000		210301003

COST CENTER DESCRIPTION	OLD CAP REL OSTS-BLDG &	C NEW CAP REL C OSTS-BLDG &	NEW CAP REL OSTS-BLDG &	C NEW CAP REL C OSTS-BLDG &	EMPLOYEE BENE	COMMUNICATION S
	(SQUARE FEET	(SQUARE FT) COMBINED)		(SQUARE) FT MAB	(GROSS) SALARIES	(# OF) PHONES)
GENERAL SERVICE COST	1	3	3.01	3.02	\$	5.01
001 OLD CAP REL COSTS-BLD 003 NEW CAP REL COSTS-BLD	166,233	179,680				
003 01 NEW CAP REL COSTS-BLD 003 02 NEW CAP REL COSTS-BLD		179,060	166,233	12 440		
005 EMPLOYEE BENEFITS 005 01 COMMUNICATIONS				13,448	13,770,062	403
005 03 PATIENT ACCOUNTING 006 ADMINISTRATIVE & GENE	14,476	14,476	14 476		222,265 211,714	
008 OPERATION OF PLANT 008 O1 OPERATION OF PLANT-HO	30,273	30,273	14,476 30,273		1,578,252 381,691	104
008 02 OPERATION OF PLANT-ME 009 LAUNDRY & LINEN SERVI	4,189	4,189	4,189		46,911 75,639	
010 HOUSEKEEPING 011 DIETARY	3,196 8,460	3,196 8,460	3,196		308,993 295,915	7
012 CAFETERIA 014 NURSING ADMINISTRATIO	787	787	8,460 787		199,287	,
015 CENTRAL SERVICES & SU 016 PHARMACY	1,579 1,528	1,579 1,528	1,579 1,528		148,994 36,108	1.7
017 MEDICAL RECORDS & LIB INPAT ROUTINE SRVC CN	4,973	4,973	4,973		466,734 552,537	
025 ADULTS & PEDIATRICS 026 INTENSIVE CARE UNIT	13,347 2,382	13,347 2,382	13,347 2,382		1,681,519 595,249	57 11
ANCILLARY SRVC COST C 037 OPERATING ROOM	11,786	11,786	11,786		781,033	23
038 RECOVERY ROOM 040 ANESTHESIOLOGY	129	129	129		71,717 160,208	23
041 RADIOLOGY-DIAGNOSTIC 044 LABORATORY	6,593 4,513	6,593 4,513	6,593 4,513		1,403,272 720,117	15 12
048 INTRAVENOUS THERAPY 049 RESPIRATORY THERAPY		2,309	2,309		342,945	12
050 PHYSICAL THERAPY 051 OCCUPATIONAL THERAPY	2,309 9,239	9,239	9,239		510,380 76,568	10
053 ELECTROCARDIOLOGY 055 MEDICAL SUPPLIES CHAR	1,697	1,697	1,697		302,036	14
056 DRUGS CHARGED TO PATI 056 02 ONCOLOGY	1,905	1,905	1,905		140,019	5 8
OUTPAT SERVICE COST C 060 CLINIC	2,000	2,500	2,505		210,020	Ü
060 01 ORTHOPEDIC CLINIC 061 EMERGENCY	491 3,397	491 3,397	491 3,397		8,897 1,383,227	5 9
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN	-,	-,	5,55.		2,505,62.	,
095 SUBTOTALS NONREIMBURS COST CENT	127,249	127,249	127,249		12,702,227	297
096 GIFT, FLOWER, COFFEE 097 RESEARCH						3
097 01 CONTRACT SERVICES 097 02 EDUCATION SERVICES						
097 03 HOME INFUSION 097 04 MOW						
097 05 DME/OXYGEN THERAPY 097 06 ASSISTED LIVING					264,229	
097 07 O/P CLINIC 098 PHYSICIANS' PRIVATE O	4,600 189	4,600 11,629	4,600 189	11,441	129,349 367,557	19 4
099 NONPAID WORKERS 099 02 MEDNETWORK				,	,	
100 OTHER NONREIMBUREAL 100 O1 BEHAVIOR HEALTH SERVI		2,007		2,007	69,002	
100 02 COUNTY HEALTH DEPARTM 100 03 PUBLIC RELATIONS	779 1,214	779 1,214	779 1,214	•	126,329 62,646	3
100 04 FOUNDATION 100 05 LIFELINE			•		48,612	i
100 O6 MILLERS-AUTUMNWOOD 100 O7 CLARIAN-HHA	31,375 827	31,375 827	31,375 827		111	76
101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		74,263	1,519,333	65,289	4,325,012	275,810
104 UNÎT COST MÛLTIPLIÊR (WRKSHT B. PT I)		.413307	9.139780	4.854923	. 314088	684.392060
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						
•						

	COST CENTER DESCRIPTION	PATIENT ACCO	ou .	ADMINISTRATI E & GENERAL	V OPERATION OF PLANT		OPERATION OF L PLANT-MEDICA E	AUNDRY & LIN EN SERVICE
		(GROSS CHARGES	RECONCIL-) IATION	(ACCUM. COST	(SQUARE FT) COMBINED		(SQUARE ((POUNDS OF LAUNDRY)
001 003 003 003 005	GENERAL SERVICE COST OLD CAP REL COSTS-BLD NEW CAP REL COSTS-BLD 01 NEW CAP REL COSTS-BLD 02 NEW CAP REL COSTS-BLD EMPLOYEE BENEFITS	5.03	6a.00	6	8	8.01	8.02	9
005 006 008 008 008 009 010 011	01 COMMUNICATIONS 03 PATIENT ACCOUNTING ADMINISTRATIVE & GENE OPERATION OF PLANT-HO 02 OPERATION OF PLANT-ME LAUNDRY & LINEN SERVI HOUSEKEEPING DIETARY CAFETERIA	57,025,494	-4,586,886	26,691,868 501,576 1,598,986 48,222 205,258 519,852 663,347 299,764	165,204 30,273 4,189 3,196 8,460	121,484 4,189 3,196 8,460	13,448	29,555
014 015 016 017	NURSING ADMINISTRATIO CENTRAL SERVICES & SU PHARMACY MEDICAL RECORDS & LIB INPAT ROUTINE SRVC CN			208,048 1,502,207 2,319,059 946,529	787 1,579 1,528 4,973	787 1,579 1,528 4,973		
025 026	ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST C	3,904,983 635,128		2,462,444 805,363	13,347 2,382	13,347 2,382		9,477 1,018
037 038	OPERATING ROOM RECOVERY ROOM	8,528,412 507,012		1,344,913 97,397	11,786	11,786		3,971
040 041 044	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC LABORATORY	1,967,302 12,052,106 7,032,903		146,433 2,584,249 1,938,941	129 6,593 4,513	129 6,593 4,513		1,101 50
048 049 050	INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY	1,013,598 1,124,676 1,380,499		72,442 542,162 848,505	2,309 9,239	2,309 9,239		1,069
051 053 055	OCCUPATIONAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHAR	419,640 2,352,357 4,696,884		110,381 607,485 29,985	1,697	1,697		314
056 056	DRUGS CHARGED TO PATI 02 ONCOLOGY OUTPAT SERVICE COST C	7,745,596 656,466		52,870 288,249	1,905	1,905		80
060 060 061 062	CLINIC 01 ORTHOPEDIC CLINIC EMERGENCY 08SERVATION BEDS (NON	5,980 3,001,952		164,745 1,489,879	491 3,397	491 3,397		1,669
095 096 097	SPEC PURPOSE COST CEN SUBTOTALS NONREIMBURS COST CENT GIFT, FLOWER, COFFEE RESEARCH	57,025,494	-4,586,886	22,399,291 2,053	112,773	82,500		18,749
097 097 097 097	01 CONTRACT SERVICES 02 EDUCATION SERVICES 03 HOME INFUSION 04 MOW			112.002				
097 097 097 098 099	05 DME/OXYGEN THERAPY 06 ASSISTED LIVING 07 O/P CLINIC PHYSICIANS' PRIVATE O NONPAID WORKERS		425	147,802 803,379 355,292 1,608,711	4,600 11,629	4,600 189	11,441	30 337
099 100 100 100 100	02 MEDNETWORK OTHER NONREIMBUREAL 01 BEHAVIOR HEALTH SERVI 02 COUNTY HEALTH DEPARTM 03 PUBLIC RELATIONS 04 FOUNDATION		425	133,062 218,768 177,632 410,202 73,812	2,007 779 1,214	779 1,214	2,007	1,046
100 100 100 101	05 LIFELINE 06 MILLERS-AUTUMNWOOD 07 CLARIAN-HHA CROSS FOOT ADJUSTMENT			352,974 8,890	31,375 827	31,375 827		9,393
102 103	NEGATIVE COST CENTER COST TO BE ALLOCATED	364,047		4,586,886	587,770	1,981,472	56,509	323,760
104 105	(WRKSHT B, PART I) UNIT COST MULTIPLIER (WRKSHT B, PT I) COST TO BE ALLOCATED (WRKSHT B, PART II)	.00638	4	.171846	3.557844	16.310559	4.202037	10.954492
106 107	UNIT COST MULTIPLIER (WRKSHT B, PT II) COST TO BE ALLOCATED			138,290	2,599	297,961	250	51,421
108	(WRKSHT B, PART III UNIT COST MULTIPLIER (WRKSHT B, PT III)			.005181	.015732	2.452677	.018590	1.739841

	COST CENTER DESCRIPTION	HOUSEKEEPING D	PIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY
		(SQUARE FT (COMBINED)		(HOURS OF	OIRECT	(COSTED) REQUIS.	(COSTED) REQUIS.	(GROSS) CHARGES)
001 003 003 003 005 005 006 008 008 008	GENERAL SERVICE COST OLD CAP REL COSTS-8LD NEW CAP REL COSTS-8LD 01 NEW CAP REL COSTS-8LD 02 NEW CAP REL COSTS-BLD EMPLOYEE BENEFITS 01 COMMUNICATIONS 03 PATIENT ACCOUNTING ADMINISTRATIVE & GENE OPERATION OF PLANT 01 OPERATION OF PLANT-M0 LAUNDRY & LINEN SERVI	10	11	12	14	15	16	17
010 011 012 014 015 016 017	HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATIO CENTRAL SERVICES & SU PHARMACY MEDICAL RECORDS & LIB INPAT ROUTINE SRVC CN	127,546 8,460 787 1,579 1,528 4,973	80,000	340,090 3,754 2,122 13,621 28,218	267,546 13,621	100	100	55,564,523
025 026	ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST C	13,347 2,382	17,589 2,231	84,630 20,344	84,630 20,344			3,904,983 635,128
037 038 040 041 044 048	OPERATING ROOM RECOVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC LABORATORY INTRAVENOUS THERAPY	11,786 129 6,593 4,513		30,989 3,344 1,950 29,915 32,377	30,989 3,344 1,950 29,915 32,377			8,528,412 507,012 1,900,310 12,052,106 7,032,903
049 050 051 053 055 056	RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI	2,309 9,239 1,697		15,859 17,946 2,719 11,932	11,932	100	100	1,013,598 1,124,676 1,380,499 419,640 2,352,357 4,696,884
056 060	02 ONCOLOGY OUTPAT SERVICE COST C CLINIC	1,905		5,479	5,479		100	7,745,596 656,466
060 061 062	01 ORTHOPEDIC CLINIC EMERGENCY OBSERVATION BEDS (NON	491 3,397		253 32,965	32,965			5,980 1,607,973
095 096 097 097 097	SPEC PURPOSE COST CEN SUBTOTALS NONREIMBURS COST CENT GIFT, FLOWER, COFFEE RESEARCH 01 CONTRACT SERVICES 02 EDUCATION SERVICES	75,115	19,820	338,417	267,546	100	100	55,564,523
097 097 097 097	03 HOME INFUSION 04 MOW 05 DME/OXYGEN THERAPY		6,938					
097 097 098 099 099	06 ASSISTED LIVING 07 O/P CLINIC PHYSICIANS' PRIVATE O NONPAID WORKERS 02 MEDNETWORK OTHER NONREIMBUREAL	4,600 11,629						
100	01 BEHAVIOR HEALTH SERVI 02 COUNTY HEALTH DEPARTM 03 PUBLIC RELATIONS 04 FOUNDATION 05 LIFELINE	2,007 779 1,214						
100 100 101	06 MILLERS-AUTUMNWOOD 07 CLARIAN-HHA CROSS FOOT ADJUSTMENT	31,375 827	53,242	908 765				
102 103	NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	672,686	990,046	351,277	267,464	1,802,247	2,783,684	1,263,365
104 105 106	UNIT COST MULTIPLIER (WRKSHT B, PT I) COST TO BE ALLOCATED (WRKSHT B, PART II) UNIT COST MULTIPLIER	5.274066	12.375575	1.032894	.999694	18,022.470000	27,836.840000	.022737
107 108	(WRKSHT B, PT II) COST TO BE ALLOCATED (WRKSHT B, PART III	41,114	107,867	1,553	10,809	27,285	31,490	66,418
100	UNIT COST MULTIPLIER (WRKSHT B, PT III)	. 322346	1.348338	.004566	.040401	272.850000	314.900000	.001195

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/1999)

COMPUTATION OF RATIO OF COSTS TO CHARGES I 15-1311 I FROM 1/ 1/2007 I WORKSHEET C

I TO 12/31/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25 26	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	3,803,480 1,098,205	_	3,803,480 1,098,205	·	-
37 38 40	OPERATING ROOM RECOVERY ROOM ANESTHESIOLOGY	2,172,759 132,459 222,010		2,172,759 132,459 222,010		
41 44 48 49	RADIOLOGY-DIAGNOSTIC LABORATORY INTRAVENOUS THERAPY RESPIRATORY THERAPY	3,540,993 2,611,873 107,937 735,337		3,540,993 2,611,873 107,937 735,337		
49 50 51 53 55 56	PHYSICAL THERAPY OCCUPATIONAL THERAPY ELECTROCARDIOLOGY	1,288,242 141,699 835,724		1,288,242 141,699 835,724		
	MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS ONCOLOGY OUTPAT SERVICE COST CNTRS	1,944,178 3,021,751 412,618		1,944,178 3,021,751 412,618		
60 60 01 61 62	CLINIC ORTHOPEDIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DIS	205,798 1,953,165 338,966		205,798 1,953,165		
101 102	OTHER REIMBURS COST CNTRS SUBTOTAL LESS OBSERVATION BEDS	24,567,194 338,966		338,966 24,567,194 338,966		
103	TOTAL	24,228,228		24,228,228		

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/1999)

COMPUTATION OF RATIO OF COSTS TO CHARGES I 15-1311 I FROM 1/1/2007 I WORKSHEET C

I TO 12/31/2007 I PART I

WKST A		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25 26		INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	3,541,922 635,128		3,541,922 635,128			
37 38 40		OPERATING ROOM RECOVERY ROOM ANESTHESIOLOGY	1,594,695 112,838 543,308	6,933,717 394,174 1,357,002	8,528,412 507,012 1,900,310	.254767 .261254 .116828	.261254 .116828	
41 44 48		RADIOLOGY-DIAGNOSTIC LABORATORY INTRAVENOUS THERAPY	1,367,753 1,173,578 687,893	10,684,353 5,859,325 325,705	12,052,106 7,032,903 1,013,598	.293807 .371379 .106489	.371379 .106489	
49 50 51 53 55 56		RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY ELECTROCARDIOLOGY	894,057 415,233 122,915 340,265	230,619 965,266 296,725 2,012,092	1,124,676 1,380,499 419,640 2,352,357	.653821 .933171 .337668 .355271	.933171 .337668	
55 56 56	02	MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS	2,504,247 2,893,389 60.838	2,192,637 4,852,207 595,628	4,696,884 7,745,596 656,466	. 413929 . 390125 . 628544	.413929 .390125 .628544	
	01			5,980	5,980	34.414381	34.414381	
61 62		EMERGENCY OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	9,433	1,598,540 363,061	1,607,973 363,061	1.214675 .933634	1.214675 .933634	
101 102 103		SUBTOTAL LESS OBSERVATION BEDS TOTAL	16,897,492 16,897,492	38,667,031 38,667,031	55,564,523 55,564,523			

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL ""NOT A CMS WORKSHEET "" (05/1999)

COMPUTATION OF RATIO OF COSTS TO CHARGES I 15-1311 I FROM 1/ 1/2007 I WORKSHEET C SPECIAL TITLE XIX WORKSHEET C I TO 12/31/2007 I PART I

WKST		OST CENTER DESCRIPTION	WKST B, PT I	THERAPY	TOTAL	RCE	TOTAL
LINE	NO.		COL. 27	ADJUSTMENT	costs	DISALLOWANCE	COSTS
	TN	PAT ROUTINE SRVC CNTRS	1	2	3	4	5
25		OULTS & PEDIATRICS	3,803,480		3,803,480		
26		TENSIVE CARE UNIT	1,098,205		1,098,205		
		ICILLARY SRVC COST CNTRS	.,,		2,000,200		
37	OP	ERATING ROOM	2,172,759		2,172,759		
38 40 41		COVERY ROOM	132,459		132,459		
40		ESTHESIOLOGY	222,010		222,010		
41		DIOLOGY-DIAGNOSTIC	3,540,993		3,540,993		
44		BORATORY	2,611,873		2,611,873		
48		TRAVENOUS THERAPY	107,937		107,937		
49		SPIRATORY THERAPY YSICAL THERAPY	735,337		735,337		
50 51 53 55 56		CUPATIONAL THERAPY	1,288,242 141,699		1,288,242 141,699		
53		ECTROCARDIOLOGY	835,724		835,724		
55		DICAL SUPPLIES CHARGED	1,944,178		1,944,178		
56		UGS CHARGED TO PATIENTS	3,021,751		3,021,751		
56		COLOGY	412,618		412,618		
	00	TPAT SERVICE COST CNTRS	,		,,,,,,,		
60		INIC					
60		THOPEDIC CLINIC	205,798		205,798		
61		ERGENCY	1,953,165		1,953,165		
62		SERVATION BEDS (NON-DIS	338,966		338,966		
101		HER REIMBURS COST CNTRS	24 567 104		24 562 104		
101 102		BTOTAL SS OBSERVATION BEDS	24,567,194		24,567,194		
103		TAL	338,966 24,228,228		338,966		
703	10	IAL	44,440,440		24,228,228		

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL **NOT A CMS WORKSHEET ** (05/1999)

COMPUTATION OF RATIO OF COSTS TO CHARGES I 15-1311 I FROM 1/ 1/2007 I WORKSHEET C PART I

WKST A LINE NO	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25 26	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	3,541,922 635,128		3,541,922 635,128	·		
37 38 40 41	OPERATING ROOM RECOVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	1,594,695 112,838 543,308 1,367,753	6,933,717 394,174 1,357,002 10,684,353	8,528,412 507,012 1,900,310	.254767 .261254 .116828	.261254 .116828	
44 48 49	LABORATORY INTRAVENOUS THERAPY RESPIRATORY THERAPY	1,173,578 687,893 894,057	5,859,325 325,705 230,619	12,052,106 7,032,903 1,013,598 1,124,676	.293807 .371379 .106489 .653821	.371379 .106489 .653821	
50 51 53 55	PHYSICAL THERAPY OCCUPATIONAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED	415,233 122,915 340,265 2,504,247	965,266 296,725 2,012,092 2,192,637 4,852,207	1,380,499 419,640 2,352,357 4,696,884	.933171 .337668 .355271 .413929	.355271	
56 56 0: 60	DRUGS CHARGED TO PATIENTS ONCOLOGY OUTPAT SERVICE COST CNTRS CLINIC	2,893,389 60,838	4,852,207 595,628	7,745,596 656,466	.390125 .628544	. 390125 . 628544	
	1 ORTHOPEDIC CLINIC EMERGENCY OBSERVATION BEDS (NON-DIS	9,433	5,980 1,598,540 363,061	5,980 1,607,973 363,061	34.414381 1.214675 .933634	34.414381 1.214675 .933634	
101 102	OTHER REIMBURS COST CNTRS SUBTOTAL LESS OBSERVATION BEDS	16,897,492	38,667,031	55,564,523			
103	TOTAL	16,897,492	38,667,031	55,564,523			

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/2000) CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS I PROVIDER NO: I PERIOD: I PREPARED 5/12/2008 I 15-1311 I FROM 1/ 1/2007 I WORKSHEET C I TO 12/31/2007 I PART II

WKST .	NO.	COL. 27	CAPITAL COST WKST B PT II & III,COL, 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST COST NET OF REDUCTION CAP AND OPER AMOUNT COST REDUCTION 5 6
37	ANCILLARY SRVC COST CN OPERATING ROOM	2,172.759	170,944	2,001,815		2 172 750
38	RECOVERY ROOM	132,459		131,198		2,172,759 132,459
40	ANESTHESIOLOGY	222,010		217,300		222,010
41	RADIOLOGY-DIAGNOSTIC	3,540,993		3,428,537		3,540,993
44	LABORATORY	2,611,873	75,701	2,536,172		2,611,873
48	INTRAVENOUS THERAPY	107,937		106,351		107,937
49	RESPIRATORY THERAPY	735,337		702,611		735,337
50	PHYSICAL THERAPY OCCUPATIONAL THERAPY	1,288,242		1,166,210		1,288,242
\$1 53 55	ELECTROCARDIOLOGY	141,699 835,724		140,614 807,737		141,699
55	MEDICAL SUPPLIES CHARG	ED 1,944,178		1,911,125		835,724 1,944,178
56	DRUGS CHARGED TO PATIE			2,980,731		3,021,751
56	02 ONCOLOGY	412,618		386,442		412,618
	OUTPAT SERVICE COST ON		,	***,		, 0.10
60	CLINIC					
60	01 ORTHOPEDIC CLINIC	205,798		198,875		205,798
61 62	EMERGENCY	1,953,165	55,960	1,897,205		1,953,165
02	OBSERVATION BEDS (NON- OTHER REIMBURS COST ON			338,966		338,966
101	SUBTOTAL	19,665,509	713,620	18,951,889		19,665,509
102	LESS OBSERVATION BEDS	338,966		338,966		338,966
103	TOTAL	19,326,543		18,612,923		19,326,543

HEAL	APPORTIONMENT OF MEDICAL, OTHER HEALTH	OR TIPTON COUNTY MEM SERVICES & VACCINE C HOSPITAL	T DDOVITORS	R NO: I PER I FRO	IOD: I	6(05/2004) CONTD PREPARED 5/12/2008 WORKSHEET D PART V
		Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
	Cost Center Description	4	5	6	7	8
(A) 37 38 40 41 448 49 50 51 55 56 60	ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC LABORATORY INTRAVENOUS THERAPY RESPIRATORY THERAPY OCCUPATIONAL THERAPY OCCUPATIONAL THERAPY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS ONCOLOGY OUTPAT SERVICE COST CNTRS CLINIC O1 ORTHOPEDIC CLINIC		2,400,559 102,816 380,030 4,153,097 2,293,515 148,401 118,443 426,392 80,273 820,099 895,234 2,857,860 399,187			
61 62 101 102 103	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) SUBTOTAL CRNA CHARGES LESS PBP CLINIC LAB SVCS-		594,870 187,603 15,858,379			
104	PROGRAM ONLY CHARGES NET CHARGES		15,858,379			

⁽A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL PITAL IN LIEU OF FORM CMS-2552-96(05/2004) CONTD PROVIDER NO: I PERIOD: I PREPARED 5/12/2008 15-1311 I FROM 1/1/2007 I WORKSHEET D COMPONENT NO: I TO 12/31/2007 I PART V 15-1311 I APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS TITLE XVIII, PART B HOSPITAL Hospital I/P Part B Costs All Other Hospital I/P Part B Charges Cost Center Description 9 10 11 ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM (A) 37 38 40 41 44 48 49 55 55 56 56 611,583 26,861 44,398 1,220,209 851,763 15,803 77,441 397,897 27,106 297,357 370,563 1,114,923 250,907 ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-DIAGNOSTIC
LABORATORY
INTRAVENOUS THERAPY
RESPIRATORY THERAPY
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
ELECTROCARDIOLOGY
MEDICAL SUPPLIES CHARGED TO PATIENTS
DRUGS CHARGED TO PATIENTS
02 ONCOLOGY
OUTPAT SERVICE COST CNTRS
CLINIC
01 ORTHOPEDIC CLINIC

6,198,538

60 60 61 62 101 102 01 ORTHOPEDIC CLINIC 722,574 175,153 6,198,538 **EMERGENCY** OBSERVATION BEDS (NON-DISTINCT PART) SUBTOTAL
CRNA CHARGES
LESS PBP CLINIC LAB SVCSPROGRAM ONLY CHARGES
NET CHARGES 103

104

⁽A) WORKSHEET A LINE NUMBERS

⁽¹⁾ REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004)

I PROVIDER NO: I PERIOD: I PREPARED 5/12/2008

I 15-1311 I FROM 1/ 1/2007 I WORKSHEET D-1

I COMPONENT NO: I TO 12/31/2007 I PART I

I 15-1311 I I HEALTH FINANCIAL SYSTEMS COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A HOSPITAL OTHER

PART I	- ALL PROVIDER COMPONENTS	
		1
	INPATIENT DAYS	
1 2 3	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,335 4,772
4 5	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	4,772 1,426
6 7	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	137
8	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	137
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,023
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1,426
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER O ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15 16	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19 20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD MEDICAID RATE FOR SWING-SED NF SERVICES APPLICABLE TO SERVICES AFTER	132.00
21 22	DECEMBER 31 OF THE COST REPORTING PERIOD TOTAL GENERAL INPATIENT ROUTINE SERVICE COST SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	3,803,480
23	REPORTING PERIOD SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
24	REPORTING PERIOD SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	18,084
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26 27	TOTAL SWING-BED COST (SEE INSTRUCTIONS) GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	888,999 2,914,481
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28 29	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,540,111
30 31 32 33	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO AVERAGE PRIVATE ROOM PER DIEM CHARGE	4,540,111 .641940
34 35	AVERAGE SEMT-PRIVATE ROOM PER DIEM CHARGE AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	951.41
36 37	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,914,481

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LEU OF FORM CMS-2552-96(05/2004)
I PERIOD: I PREPARED
I FROM 1/1/2007 I WORKSHE
I TO 12/31/2007 I PART
                                                                                                                                                                                                                        IN LIEU OF FORM CMS-2552-96(05/2004) CONTD
D: I PERIOD: I PREPARED 5/12/2008
I FROM 1/ 1/2007 I WORKSHEET D-1
                                                                                                                                                                                              PROVIDER NO:
 COMPUTATION OF INPATIENT OPERATING COST
                                                                                                                                                                                             15~1313
                                                                                                                                                                                              COMPONENT NO:
                                                                                                                                                                                                                                                                                                        PART II
                                                                                                                                                                                             15-1311
                              TITLE XVIII PART A
                                                                                                           HOSPITAL
                                                                                                                                                                                                     OTHER
PART II - HOSPITAL AND SUBPROVIDERS ONLY
                                                                                                                                                                                                                                                                               1
                                                                                              PROGRAM INPATIENT OPERATING COST BEFORE
                                                                                                           PASS THROUGH COST ADJUSTMENTS
                   ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
                                                                                                                                                                                                                                                                               610.74
                                                                                                                                                                                                                                                                       1,846,267
     40
                                                                                                                                                                                                                                                                       1.846.267
                                                                                                                                                                                             AVERAGE
                                                                                                                                                                                                                                   PROGRAM
                                                                                                                                                                                                                                                                         PROGRAM
                                                                                                                   TOTAL
                                                                                                                                                         TOTAL
                                                                                                                I/P COST
                                                                                                                                                     I/P DAYS
                                                                                                                                                                                             PER DIEM
                                                                                                                                                                                                                                        DAYS
                   NURSERY (TITLE V & XIX ONLY)
INTENSIVE CARE TYPE INPATIENT
HOSPITAL UNITS
INTENSIVE CARE UNIT
    42
                                                                                                             1,098,205
                                                                                                                                                                   733
                                                                                                                                                                                             1,498.23
                                                                                                                                                                                                                                               563
                                                                                                                                                                                                                                                                            843,503
                   CORONARY CARE UNIT
BURN INTENSIVE CARE UNIT
SURGICAL INTENSIVE CARE UNIT
     44
     45
    46
47
    48
                   PROGRAM INPATIENT ANCILLARY SERVICE COST TOTAL PROGRAM INPATIENT COSTS
    49
                                                                                                               PASS THROUGH COST ADJUSTMENTS
                   PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES TOTAL PROGRAM EXCLUDABLE COST
    50
   51
52
53
                   TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS
                                                                                                               TARGET AMOUNT AND LIMIT COMPUTATION
   54
55
56
57
                   PROGRAM DISCHARGES
                   TARGET AMOUNT PER DISCHARGE
TARGET AMOUNT
                   DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
   58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET 8ASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
  58.02 LESSER OF LINES 53/54 OR 53 FROM PRIOR YEAR COST REPORT, UPDATIED BY THE MARKET SASKET

58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.

58.04 RELIEF PAYMENT

59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS)
                                                                                                               PROGRAM INPATIENT ROUTINE SWING BED COST
                 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS
   60
                                                                                                                                                                                                                                                                           870,915
   61
   62
                                                                                                                                                                                                                                                                           870.915
   64
   65
                  TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS
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FOR TIPTON COUNTY MEMORIAL HOSPITAL

MCRS/PC-WIN

HEALTH FINANCIAL SYSTEMS

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN COMPUTATION OF INPATIENT OPERATING COST	FOR TIPTON CO		HOSPITAL I PROVIDER NO I 15-1311 I COMPONENT N I 15-1311	D: I PERIOD I FROM	1/ 1/2007 I v	6/2004) CONTD EPARED 5/12/2008 ORKSHEET D-1 PART III
TITLE XVIII PART A	HOSPITAL		OTHER			
PART III - SKILLED NURSING FACILITY, NUR	SINGFACILITY & 1	ICF/MR ONLY				
66 SKILLED NURSING FACILITY/OTHER N SERVICE COST 67 ADJUSTED GENERAL INPATIENT ROUTI 68 PROGRAM ROUTINE SERVICE COST 69 MEDICALLY NECESSARY PRIVATE ROOM 70 TOTAL PROGRAM GENERAL INPATIENT 71 CAPITAL-RELATED COST ALLOCATED T 72 PER DIEM CAPITAL-RELATED COSTS 73 PROGRAM CAPITAL-RELATED COSTS 74 INPATIENT ROUTINE SERVICE COST 75 AGGREGATE CHARGES TO BENEFICIARI 76 TOTAL PROGRAM ROUTINE SERVICE COST 77 INPATIENT ROUTINE SERVICE COST L 78 INPATIENT ROUTINE SERVICE COST L 79 REASONABLE INPATIENT ROUTINE SER 80 PROGRAM INPATIENT ANCILLARY SERV 81 UTILIZATION REVIEW - PHYSICIAN C 82 TOTAL PROGRAM INPATIENT OPERATIN	NE SERVICE COST COST APPLICABLE ROUTINE SERVICE O INPATIENT ROUT ES FOR EXCESS CO STS FOR COMPARIS ER DIEM LIMITATI IMITATION VICE COSTS ICES OMPENSATION	PER DIEM E TO PROGRAM COSTS COSTS CINE SERVICE CO DSTS SON TO THE COST	STS		1	
PART IV - COMPUTATION OF OBSERVATION BED	COST					
83 TOTAL OBSERVATION BED DAYS 84 ADJUSTED GENERAL INPATIENT ROUTI 85 OBSERVATION BED COST	NE COST PER DIEM	1			\$55 610.75 338,966	
	COMPUTATION	OF OBSERVATION	BED PASS THROU	GH COST		
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST	
86 OLD CAPITAL-RELATED COST 87 NEW CAPITAL-RELATED COST 88 NON PHYSICIAN ANESTHETIST 89 MEDICAL EDUCATION 89.01 MEDICAL EDUCATION - ALLIED HEA 89.02 MEDICAL EDUCATION - ALL OTHER	1	2	3	4	5	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004)

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/12/2008
I 15-1311 I FROM 1/ 1/2007 I WORKSHEET D-1
I COMPONENT NO: I TO 12/31/2007 I PART I
I 15-1311 I PROVIDER NO: I TO 12/31/2007 I PART I

TITLE XIX - I/P

HOSPITAL

OTHER

	71766 X1X 1/1	HOSFITAL	OTHER	
PART I	- ALL PROVIDER COMPONENTS			1
				1
		INPATIENT DAYS		
1 2 3	INPATIENT DAYS (INCLUDING	G PRIVATE ROOM AND SWING BED (G PRIVATE ROOM, EXCLUDING SWIN DING SWING-BED PRIVATE ROOM DA	NG-BED AND NEWBORN DAYS)	6,335 4,772
4 5	SEMI-PRIVATE ROOM DAYS (E TOTAL SWING-BED SNF-TYPE THROUGH DECEMBER 31 OF TH	EXCLUDING SWING-BED PRIVATE RO INPATIENT DAYS (INCLUDING PR	OM DAYS) [VATE ROOM DAYS]	4,772 1,426
6	TOTAL SWING-BED SNF-TYPE	INPATIENT DAYS (INCLUDING PRI RTING PERIOD (IF CALENDAR YEAR	CVATE ROOM DAYS) AFTER	
7	TOTAL SWING-BED NF TYPE I THROUGH DECEMBER 31 OF TH	INPATIENT DAYS (INCLUDING PRIN	ATE ROOM DAYS)	137
8	TOTAL SWING-BED NF TYPE 1	RECOST REPORTING PERIOD ENPATIENT DAYS (INCLUDING PRIVETING PERIOD (IF CALENDAR YEAR	ATE ROOM DAYS) AFTER	
9	TOTAL INPATIENT DAYS INCL (EXCLUDING SWING-BED AND	UDING PRIVATE ROOM DAYS APPLE	CABLE TO THE PROGRAM	110
10	SWING-BED SNF-TYPE INPATE PRIVATE ROOM DAYS) THROUG	CENT DAYS APPLICABLE TO TITLE SHIPECEMBER 31 OF THE COST RES	PORTING PERIOD	
11	SWING-BED SNF-TYPE INPATI	ENT DAYS APPLICABLE TO TITLE DECEMBER 31 OF THE COST REPOR	XVIII ONLY (INCLUDING	
12	SWING-BED NF-TYPE INPATIE	NT DAYS APPLICABLE TO TITLES H DECEMBER 31 OF THE COST REF	V & XIX ONLY (INCLUDING	
13	SWING-BED NF-TYPE INPATIE	NT DAYS APPLICABLE TO TITLE N DECEMBER 31 OF THE COST REPOR	/ & XIX ONLY (INCLUDING	
14		TE ROOM DAYS APPLICABLE TO TH	IE PROGRAM	
15 16	TOTAL NURSERY DAYS (TITLE NURSERY DAYS (TITLE V OR	V OR XIX ONLY)		
		SWING-BED ADJUSTME	.NT	
17		ED SNF SERVICES APPLICABLE TO	SERVICES THROUGH	
18	DECEMBER 31 OF THE COST R MEDICARE RATE FOR SWING-B DECEMBER 31 OF THE COST R	ED SNF SERVICES APPLICABLE TO	SERVICES AFTER	
19	MEDICAID RATE FOR SWING-B DECEMBER 31 OF THE COST R	ED NF SERVICES APPLICABLE TO	SERVICES THROUGH	132.00
20	MEDICAID RATE FOR SWING-B DECEMBER 31 OF THE COST R	ED NF SERVICES APPLICABLE TO	SERVICES AFTER	
21 22	TOTAL GENERAL INPATIENT R	OUTINE SERVICE COST TO SNF-TYPE SERVICES THROUGH	DECEMBER 31 OF THE COST	3,803,480
23	REPORTING PERIOD SWING-BED COST APPLICABLE	TO SNF-TYPE SERVICES AFTER D		
24	REPORTING PERIOD SWING-BED COST APPLICABLE	TO NF-TYPE SERVICES THROUGH	DECEMBER 31 OF THE COST	18,084
25	REPORTING PERIOD SWING-BED COST APPLICABLE REPORTING PERIOD	TO NF-TYPE SERVICES AFTER DE	CEMBER 31 OF THE COST	
26 27	TOTAL SWING-BED COST (SEE	INSTRUCTIONS) SERVICE COST NET OF SWING-BE	D COST	888,999 2,914,481
		PRIVATE ROOM DIFFERENTIAL	ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE	SERVICE CHARGES (EXCLUDING S	WING-BED CHARGES)	4,540,111
29 30 31 32 33 34 35	PRIVATE ROOM CHARGES (EXC SEMI-PRIVATE ROOM CHARGES GENERAL INPATIENT ROUTINE	(EXCLUDING SWING-BED CHARGES SERVICE COST/CHARGE RATIO)	4,540,111 .641940
32 33	AVERAGE PRIVATE ROOM PER AVERAGE SEMI-PRIVATE ROOM	PER DIEM CHARGE		951.41
	AVERAGE PER DIEM PRIVATE AVERAGE PER DIEM PRIVATE	ROOM COST DIFFERENTIAL		
36 37	PRIVATE ROOM COST DIFFERE GENERAL INPATIENT ROUTINE COST DIFFERENTIAL	NTIAL ADJUSTMENT SERVICE COST NET OF SWING-BE	D COST AND PRIVATE ROOM	2,914,481

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IN LIEU OF FORM CMS-2552-96(05/2004) CONTD
D: I PERIOD: I PREPARED 5/12/2008
I FROM 1/1/2007 I WORKSHEET D-1
HEALTH FINANCIAL SYSTEMS
                                                                    MCRS/PC-WIN
                                                                                                     FOR TIPTON COUNTY MEMORIAL HOSPITAL
                                                                                                                                                                                                                      I PERIOD: I PREPARED
I FROM 1/ 1/2007 I WORKSHE
I TO 12/31/2007 I PART
                                                                                                                                                                               PROVIDER NO:
15-1311
  COMPUTATION OF INPATIENT OPERATING COST
                                                                                                                                                                                COMPONENT NO:
                                                                                                                                                                                15-1311
                            TITLE XIX - I/P
                                                                                                    HOSPITAL
                                                                                                                                                                                      OTHER
PART II - HOSPITAL AND SUBPROVIDERS ONLY
                                                                                                                                                                                                                                                           1
                                                                                        PROGRAM INPATIENT OPERATING COST BEFORE
                                                                                                    PASS THROUGH COST ADJUSTMENTS
                  ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
                                                                                                                                                                                                                                                           610.74
67,181
    40
                                                                                                                                                                                                                                                           67,181
                                                                                                                                                                                AVERAGE
                                                                                                                                                                                                                   PROGRAM
                                                                                                                                                                                                                                                       PROGRAM
                                                                                                        I/P COST
                                                                                                                                           I/P DAYS
                                                                                                                                                                               PER DIEM
                                                                                                                                                                                                                        DAYS
                  NURSERY (TITLE V & XIX ONLY)
INTENSIVE CARE TYPE INPATIENT
HOSPITAL UNITS
    42
    43
44
45
46
                  INTENSIVE CARE UNIT
CORONARY CARE UNIT
                                                                                                     1,098,205
                                                                                                                                                       733
                                                                                                                                                                               1.498.23
                                                                                                                                                                                                                                 16
                                                                                                                                                                                                                                                           23,972
                  BURN INTENSIVE CARE UNIT
SURGICAL INTENSIVE CARE UNIT
    47
                  OTHER SPECIAL CARE
    48
                  PROGRAM INPATIENT ANCILLARY SERVICE COST TOTAL PROGRAM INPATIENT COSTS
                                                                                                                                                                                                                                                         116,153
                                                                                                       PASS THROUGH COST ADJUSTMENTS
                  PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES TOTAL PROGRAM EXCLUDABLE COST
    51
52
53
                  TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS
                                                                                                        TARGET AMOUNT AND LIMIT COMPUTATION
                 PROGRAM DISCHARGES
TARGET AMOUNT PER DISCHARGE
TARGET AMOUNT
DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
   58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
  58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET SASKET

58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.

58.04 RELIEF PAYMENT

59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT

59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

59.02 PROGRAM DISCHARGES PRIOR TO JULY 1

59.03 PROGRAM DISCHARGES AFTER JULY 1

59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)

59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1

(SEE INSTRUCTIONS) (LTCH ONLY)

59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1

(SEE INSTRUCTIONS) (LTCH ONLY)

59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)

59.08 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS)
                  BASKET
                                                                                                       PROGRAM INPATIENT ROUTINE SWING BED COST
                 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
   60
                MEDICARE SWING-BED SNF INFAILENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)

MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)

TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS

TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
   61
   63
                 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
   64
```

65

TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

HEALTH FINANCIAL SYSTEMS COMPUTATION OF INPATIENT O	MCRS/PC-WIN FOR TIPTON (COUNTY MEMORIAL F I I I I	PROVIDER NO: 15-1311 COMPONENT NO	I PERIOD: I FROM 1/	1/2007 I W	/2004) CONTD PARED 5/12/2008 PAKSHEET D-1 PART III
TITLE XIX - I/P	HOSPITAL		OTHER			
PART III - SKILLED NURSING	FACILITY, NURSINGFACILITY &	ICF/MR ONLY				
SERVICE COST ADJUSTED GENERAL IN BYPOGRAM ROUTINE SER MEDICALLY NECESSARY TOTAL PROGRAM GENER CAPITAL-RELATED COS PER DIEM CAPITAL-RE MINPATIENT ROUTINE S SAGGREGATE CHARGES TOTAL PROGRAM ROUTI MINPATIENT ROUTINE S MINPATIENT ROUTINE S MINPATIENT ROUTINE S MINPATIENT ROUTINE S MINPATIENT AUTION REVIEW MINPATIENT AUTION REVIEW MINPATIENT AUTION REVIEW MINPATIENT AUTION REVIEW MINPATIENT ROUTINE S MINPATIENT AUTION REVIEW	PRIVATE ROOM COST APPLICABL AL INPATIENT ROUTINE SERVICE T ALLOCATED TO INPATIENT ROU LATED COSTS ATED COSTS ERVICE COST O BENEFICIARIES FOR EXCESS C RE SERVICE COSTS FOR COMPARI ERVICE COST PER DIEM LIMITAT ERVICE COST LIMITATION T ROUTINE SERVICE COSTS	PER DIEM E TO PROGRAM E COSTS UTINE SERVICE COS COSTS SON TO THE COST			1	
PART IV - COMPUTATION OF OB:	SERVATION BED COST					
83 TOTAL OBSERVATION BE 84 ADJUSTED GENERAL INI 85 OBSERVATION BED COST	PATIENT ROUTINE COST PER DIE	M			555 610.75 338,966	
	COMPUTATION	OF OBSERVATION	BED PASS THROUG	H COST		
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OF OBSERVATION BED COST	BSERVATION BED PASS THROUGH COST	
86 OLD CAPITAL-RELATED 87 NEW CAPITAL-RELATED 88 NON PHYSICIAN ANESTH 89 MEDICAL EDUCATION 89.01 MEDICAL EDUCATION - 89.02 MEDICAL EDUCATION -	COST HETIST ALLIED HEA	2	3	4	5	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004)

I PROVIDER NO: I PERIOD: I PREPARED 5/12/2008

I PROVIDER NO: I FROM 1/ 1/2007 I WORKSHEET D-4

I COMPONENT NO: I TO 12/31/2007 I

TITLE XVIII, PART A HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25 26	INPAT ROUTINE SAVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		2,009,494 497,125	
37 38 40	OPERATING ROOM RECOVERY ROOM ANESTHESIOLOGY	.254767 .261254 .116828	965,983 62,744 321,019	246,101 16,392 37,504
41 44 48 49	RADIOLOGY-DIAGNOSTIC LABORATORY INTRAVENOUS THERAPY RESPIRATORY THERAPY	.293807 .371379 .106489 .653821	888,753 785,260 417,492 572,967	261,122 291,629 44,458 374,618
50 51 53	PHYSICAL THERAPY OCCUPATIONAL THERAPY ELECTROCARDIOLOGY	.933171 .337668 .355271	159,114 47,435 264,227	148,481 16,017 93,872
55 56 56 02	MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS ONCOLOGY OUTPAT SERVICE COST CNTRS	.413929 .390125 .628544	1,643,514 1,675,911 48,605	680,298 653,815 30,550
61	CLINIC ORTHOPEDIC CLINIC EMERGENCY	34.414381 1.214675	732	889
62 101	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS TOTAL	.933634	7,853,756	2,895,746
102 103	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES NET CHARGES		7,853,756	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004)

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT I 15-1311 I FROM 1/1/2007 I WORKSHEET D-4

TITLE XVIII, PART A SWING BED SNF OTHER

WKST A LINE N		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25		INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	. 254767		
38 40		RECOVERY ROOM	. 261254		
41		ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	.116828 .293807	92,122	27,066
44		LABORATORY	. 371379	117,056	43,472
48 49		INTRAVENOUS THERAPY RESPIRATORY THERAPY	.106489 .653821	69,819 135,504	7,435 88,595
50 51		PHYSICAL THERAPY	.933171	189,703	177,025
51 53		OCCUPATIONAL THERAPY ELECTROCARDIOLOGY	. 337668	62,478	21,097
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.355271 .413929	9,100 128,558	3,233 53,214
56 56	03	DRUGS CHARGED TO PATIENTS ONCOLOGY	. 390125	423,991	165,409
50	UZ	OUTPAT SERVICE COST CNTRS	. 628544	4,520	2,841
60	01	CLINIC	2		
60 61	υŢ	ORTHOPEDIC CLINIC EMERGENCY	34.414381 1.214675		
62		OBSERVATION BEDS (NON-DISTINCT PART)	. 933634		
101		OTHER REIMBURS COST CNTRS		1,232,851	589,387
102		LESS PBP CLINIC LABORATORY SERVICES -		1,272,071	309,307
103		PROGRAM ONLY CHARGES NET CHARGES		1,232,851	
200		THE COUNTY AND THE CO		4,232,031	

PITAL IN LIEU OF FORM CMS-2552-96(05/2004)

PROVIDER NO: I PERIOD: I PREPARED 5/12/2008
15-1311 I FROM 1/ 1/2007 I WORKSHEET D-4
COMPONENT NO: I TO 12/31/2007 I
15-1311 I I HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

298,121

TITLE XIX OTHER HOSPITAL WKST A COST CENTER DESCRIPTION RATIO COST TO CHARGES INPATIENT INPATIENT LINE NO. COST CHARGES INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM ANESTHESIOLOGY 25 26 91,040 17,782 37 38 40 43,358 3,750 15,891 21,157 24,043 17,166 17,757 10,288 1,051 5,707 11,046 980 1,857 6,216 8,929 1,828 11,610 .254767 .261254 .116828 .293807 41 44 48 49 RADIOLOGY-DIAGNOSTIC LABORATORY LABORATORY
INTRAVENOUS THERAPY
RESPIRATORY THERAPY
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
ELECTROCARDIOLOGY
MEDICAL SUPPLIES CHARGED TO PATIENTS
DRUGS CHARGED TO PATIENTS
02 ONCOLOGY
OHTPAT SERVICE COST CHIPS .371379 .653821 .933171 50 51 53 55 9,600 355 2,028 .337668 .413929 .390125 .628544 58,101 71,717 353 24,050 27,979 222 56 56 OUTPAT SERVICE COST CNTRS CLINIC 60 O1 ORTHOPEDIC CLINIC
EMERGENCY
OBSERVATION BEDS (NON-DISTINCT PART)
OTHER REIMBURS COST CNTRS
TOTAL
LESS PBP CLINIC LABORATORY SERVICES -60 61 34.414381 1.214675 .933634 7,782 9,453 62 101 102 298,121 116,153 PROGRAM ONLY CHARGES NET CHARGES

103

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

HOSPITAL	
1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. 1.04 LINE 1.01 TIMES LINE 1.03. 1.05 LINE 1.02 DIVIDED BY LINE 1.04. 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS) 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101. 2 INTERNS AND RESIDENTS 3 ORGAN ACQUISITIONS 4 COST OF TEACHING PHYSICIANS 5 TOTAL COST (SEE INSTRUCTIONS)	6,198,538 6,198,538
COMPUTATION OF LESSER OF COST OR CHARGES	
REASONABLE CHARGES 6 ANCILLARY SERVICE CHARGES 7 INTERNS AND RESIDENTS SERVICE CHARGES 8 ORGAN ACQUISITION CHARGES 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. 10 TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e). 13 RATIO OF LINE 11 TO LINE 12 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,260,523
COMPUTATION OF REIMBURSEMENT SETTLEMENT 18 CAH DEDUCTIBLES 18.01 CAH ACTUAL BILLED COINSURANCE LINE 17.01 (SEE INSTRUCTIONS) 19 SUBTOTAL (SEE INSTRUCTIONS) 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.) 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS 22 ESRD DIRECT MEDICAL EDUCATION COSTS 23 SUBTOTAL 24 PRIMARY PAYER PAYMENTS 25 SUBTOTAL	22,737 2,722,031 3,515,755 3,515,755 2,142 3,513,613
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) COMPOSITE RATE ESRD ADD DEBTS (SEE INSTRUCTIONS) 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES SUBTOTAL RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION. OTHER ADJUSTMENTS (SPECIFY) 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS. SUBTOTAL SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) INTERIM PAYMENTS 4.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) BALANCE DUE PROVIDER/PROGRAM PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	277,831 277,831 243,401 3,791,444 3,679,770 111,674

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUN ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	ТҮ МЕМ	I PROV I 15-1	IDER NO: I 311 I ONENT NO: I	PERIOD: FROM 1/ 1/20 TO 12/31/20	07 I WORKSHE	5/12/2008
TITLE XVIII HOSPITAL						
DESCRIPTION		INPATIEN MM/DD/YYYY 1	T-PART A AMOUNT 2	PAR MM/DD/YYYY 3	T B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		•	4,483,624 NONE	3	3,279,283 NONE	
ADJUSTMENTS TO PROVIDER ADJUSTMENTS TO PROGRAM	.01 .02 .03 .04 .05 .50 .51 .52	9/10/2007 8/15/2007 12/31/2007	98,169 18,667 49,086	9/10/2007 8/15/2007 12/31/2007	264,243 4,124 132,120	
SUBTOTAL 4 TOTAL INTERIM PAYMENTS	. 99		165,922 4,649,546		400,487 3,679,770	
TO BE COMPLETED BY INTERMEDIARY 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) TENTATIVE TO PROVIDER TENTATIVE TO PROVIDER TENTATIVE TO PROVIDER TENTATIVE TO PROGRAM TENTATIVE TO PROGRAM TENTATIVE TO PROGRAM SUBTOTAL	.01 .02 .03 .50 .51		NONE		NO.	
6 DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM BASED ON COST REPORT (1) 7 TOTAL MEDICARE PROGRAM LIABILITY NAME OF INTERMEDIARY:	.01		NONE		NONE	
INTERMEDIARY NO: 00000						
SIGNATURE OF AUTHORIZED PERSON: DATE://						
VIII						

⁽¹⁾ ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUN ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	ТҮ МЕМО	I PROV I 15-1 I COM	VIDER NO: I 1311 I	PERIOD: FROM 1/ 1/2007 TO 12/31/2007	I PREPARED 5/12/2008 I WORKSHEET E-1
TITLE XVIII SWING BED	SNF				
DESCRIPTION		INPATIEN MM/DD/YYYY 1	NT-PART A AMOUNT	PART MM/DD/YYYY 3	B AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		•	1,354,629 NONE	,	NONE
ADJUSTMENTS TO PROVIDER ADJUSTMENTS TO PROGRAM	.01 .02 .03 .04 .05 .50 .51	8/15/2007	8,875		
SUBTOTAL 4 TOTAL INTERIM PAYMENTS	.99		8,875 1,363,504		NONE
TO BE COMPLETED BY INTERMEDIARY 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) TENTATIVE TO PROVIDER TENTATIVE TO PROVIDER TENTATIVE TO PROGRAM SUBTOTAL 5 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) 7 TOTAL MEDICARE PROGRAM LIABILITY	.01 .02 .03 .50 .51 .52 .99		NONE		NONE
NAME OF INTERMEDIARY: INTERMEDIARY NO: 00000					
SIGNATURE OF AUTHORIZED PERSON:					
DATE://					

⁽¹⁾ ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-E-2 (05/2004)

I PROVIDER NO: I PERIOD: I PREPARED 5/12/2008

N OF REIMBURSEMENT SETTLEMENT I 15-1311 I FROM 1/ 1/2007 I
SWING BEDS I COMPONENT NO: I TO 12/31/2007 I WORKSHEET E-2
I 15-2311 I I HEALTH FINANCIAL SYSTEMS

CALCULATION OF REIMBURSEMENT SETTLEMENT SWING BEDS

TITLE XVIII

SWING BED SNF

	COMPUTATION OF NET COST OF COVERED SERVICES	PART A 1	PART B 2
1 2	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR) INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)	879,624	
3 4	ANCILLARY SERVICES (SEE INSTRUCTIONS) PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)	595,281	
5 6	PROGRAM DAYS INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)	1,426	
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8 9	SUBTOTAL PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)	1,474,905	
10 11	SUBTOTAL DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)	1,474,905	
12 13	APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES) SUBTOTAL COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	1,474,905 26,536	
14 15 16 17 17.01	80% OF PART B COSTS SUBTOTAL OTHER ADJUSTMENTS (SPECIFY) REIMBURSABLE BAD DEBTS REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,448,369	
18 19	(SEE INSTRUCTIONS) TOTAL SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	1,448,369	
20 20.01	INTERIM PAYMENTS TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	1,363,504	
21 22	BALANCE DUE PROVIDER/PROGRAM PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	84,865	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-E-3 (04/2005)

CALCULATION OF REIMBURSEMENT SETTLEMENT I 15-1311 I FROM 1/1/2007 I WORKSHEET E-3

I COMPONENT NO: I TO 12/31/2007 I PART II

I 5-1311 I TO 12/31/2007 I PART II

P

PART I	II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL	
2	INPATIENT SERVICES)1 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT ORGAN ACQUISITION	5,585,516
3 4 5 6	COST OF TEACHING PHYSICIANS SUBTOTAL PRIMARY PAYER PAYMENTS TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	5,585,516 8,834 5,632,449
	COMPUTATION OF LESSER OF COST OR CHARGES	
7 8 9 10 11	REASONABLE CHARGES ROUTINE SERVICE CHARGES ANCILLARY SERVICE CHARGES ORGAN ACQUISITION CHARGES, NET OF REVENUE TEACHING PHYSICIANS TOTAL REASONABLE CHARGES	·
12 13	CUSTOMARY CHARGES AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14 15 16 17	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000) TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
18	COMPUTATION OF REIMBURSEMENT SETTLEMENT DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19 20 21	COST OF COVERED SERVICES DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) EXCESS REASONABLE COST	5,632,449 619,273
22 23	SUBTOTAL COINSURANCE	5,013,176 992
24 25	SUBTOTAL REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	5,012,184 83,280
25.0 25.0 26 27	1 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 2 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES SUBTOTAL	83,280 77,158 5,095,464
28	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30 31	SUBTOTAL SEQUESTRATION ADJUSTMENT	5,095,464
	INTERIM PAYMENTS 1 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	4,649,546
33 34	BALANCE DUE PROVIDER/PROGRAM PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	445,918

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-E-3 (5/2004) CALCULATION OF REIMBURSEMENT SETTLEMENT I 15-1311 I FROM 1/1/2007 I WORKSHEET E-3 I COMPONENT NO: I TO 12/31/2007 I PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1 2 3 4 5 6 7	COMPUTATION OF NET COST OF COVER INPATIENT HOSPITAL/SNF/NF SERVICE MEDICAL AND OTHER SERVICES INTERNS AND RESIDENTS (SEE INSTROGAN ACQUISITION (CERT TRANSPLACOST OF TEACHING PHYSICIANS (SEE SUBTOTAL	CES RUCTIONS) NNT CENTERS ONLY)	207,306	· ·
7 8 9	INPATIENT PRIMARY PAYER PAYMENTS OUTPATIENT PRIMARY PAYER PAYMENT SUBTOTAL		207,306	
	COMPUTATION OF LESSER OF COST OR	CHARGES		
7.0	REASONABLE CHARGES			
10 11 12 13 14 15	ROUTINE SERVICE CHARGES ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE CH ORGAN ACQUISITION CHARGES, NET O TEACHING PHYSICIANS INCENTIVE FROM TARGET AMOUNT COM	PF REVENUE	108,822 298,121	
16	TOTAL REASONABLE CHARGES	0143104	406,943	
17 18 19 20	CUSTOMARY CHARGES AMOUNT ACTUALLY COLLECTED FROM P PAYMENT FOR SERVICES ON A CHARGE AMOUNTS THAT WOULD HAVE BEEN REA FOR PAYMENT FOR SERVICES ON A CH BEEN MADE IN ACCORDANCE WITH 42 RATIO OF LINE 17 TO LINE 18	BASIS LIZED FROM PATIENTS LIABLE PARGE BASIS HAD SUCH PAYMENT CFR 413.13(e)		
21 22 22	TOTAL CUSTOMARY CHARGES (SEE INS EXCESS OF CUSTOMARY CHARGES OVER EXCESS OF REASONABLE COST OVER C	REASONABLE COST	406,943 199,637	
23	COST OF COVERED SERVICES	USTOMART CHARGES	207,306	
24 25 26 27 28 29 30 31 32	PROSPECTIVE PAYMENT AMOUNT OTHER THAN OUTLIER PAYMENTS OUTLIER PAYMENTS PROGRAM CAPITAL PAYMENTS CAPITAL EXCEPTION PAYMENTS (SEE ROUTINE SERVICE OTHER PASS THROW ANCILLARY SERVICE OTHER PASS THROW SUBTOTAL CUSTOMARY CHARGES (TITLE XIX PPS TITLES V OR XIX PPS, LESSER OF LI XVIII ENTER AMOUNT FROM LINE 30 DEDUCTIBLES (EXCLUDE PROFESSIONAL	GH COSTS OUGH COSTS COVERED SERVICES ONLY) NS 30 OR 31; NON PPS & TITLE	207,306 207,306	
34	COMPUTATION OF REIMBURSEMENT SET EXCESS OF REASONABLE COST	TLEMENT		
35 36 37 38 38.01	SUBTOTAL COINSURANCE SUM OF AMOUNTS FROM WKST. E, PAR: REIMBURSABLE BAD DEBTS (SEE INSTI ADJUSTED REIMBURSABLE BAD DEBTS I BEFORE 10/01/05 (SEE INSTRUCTION: REIMBURSABLE BAD DEBTS FOR DUAL I ADJUSTED REIMBURSABLE BAD DEBTS I ON OR AFTER 10/01/05 (SEE INSTRUCUTILIZATION REVITEW	RUCTIONS) FOR PERIODS ENDING S) ELIGIBLE BENEFICIARIES FOR PERIODS BEGINNING CTIONS)	207 , 306	
40 41 42 43	SUBTOTAL (SEE INSTRUCTIONS) INPATIENT ROUTINE SERVICE COST MEDICARE INPATIENT ROUTINE CHARGE AMOUNT ACTUALLY COLLECTED FROM P/ PAYMENT FOR SERVICES ON A CHARGE AMOUNTS THAT WOULD HAVE BEEN REAL FOR PAYMENT OF PART A SERVICES	ATIENTS LIABLE FOR BASIS	207,306	
45 46 47 48 49	RATIO OF LINE 43 TO 44 TOTAL CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHARGES OVER EXCESS OF REASONABLE COST OVER CU RECOVERY OF EXCESS DEPRECIATION F TERMINATION OR A DECREASE IN PROC OTHER ADJUSTMENTS (SPECIFY)	JSTOMARY CHARGES RESULTING FROM PROVIDER GRAM UTILIZATION		
51 52 53	AMOUNTS APPLICABLE TO PRIOR COST RESULTING FROM DISPOSITION OF DEF SUBTOTAL INDIRECT MEDICAL EDUCATION ADJUST	PRECIABLE ASSETS	207,306	
53 54 55	DIRECT GRADUATE MEDICAL EDUCATION TOTAL AMOUNT PAYABLE TO THE PROVI	N PAYMENTS	207,306	
56 57	SEQUESTRATION ADJUSTMENT (SEE INS	STRUCTIONS)	93,992	
57.01 58 59	TENTATIVE SETTLEMENT (FOR FISCAL BALANCE DUE PROVIDER/PROGRAM PROTESTED AMOUNTS (NONALLOWABLE C	COST REPORT ITEMS)	113,314	
	IN ACCORDANCE WITH CMS PUB. 15-II	I, SECTION IIS.Z.		

HEALTH FINANCIAL SYSTEMS

		GENERAL	SPECIFIC	ENDOWMENT	PLANT
	ASSETS	FUND	PURPOSE	FUND	FUND
	ASSETS	1	FUND 2	3	4
4	CURRENT ASSETS		2	,	**
1 2 3	CASH ON HAND AND IN BANKS TEMPORARY INVESTMENTS	2,694,433 808,737			
3	NOTES RECEIVABLE	000,737			
4	ACCOUNTS RECEIVABLE	4,701,155			
5 6	OTHER RECEIVABLES LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS	857,541			
U	RECEIVABLE				
7	INVENTORY				
8 9	PREPAID EXPENSES OTHER CURRENT ASSETS	1 201 270			
10	DUE FROM OTHER FUNDS	1,391,279			
11	TOTAL CURRENT ASSETS	10,453,145			
12	FIXED ASSETS LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01 14	LESS ACCUMULATED DEPRECIATION	27 142 002			
	BUILDINGS LESS ACCUMULATED DEPRECIATION	27,143,893			
15	LEASEHOLD IMPROVEMENTS				
	LESS ACCUMULATED DEPRECIATION				
16 16 01	FIXED EQUIPMENT LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20 21	MINOR EQUIPMENT-NONDEPRECIABLE	27 442 662			
21	TOTAL FIXED ASSETS OTHER ASSETS	27,143,893			
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24 25	DUE FROM OWNERS/OFFICERS OTHER ASSETS	18,830,445			
26	TOTAL OTHER ASSETS	18,830,445			
27	TOTAL ASSETS	56,427,483			

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (06/2003)

| I PROVIDER NO: I PERIOD: I PREPARED 5/12/2008 | I 15-1311 | I FROM 1/ 1/2007 | I WORKSHEET G

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
28 29	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE	1 1,421,730 2,041,120	2	3	4
30 31 32 33 34 35	NOTES AND LOAMS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS	799,528			
35 36 37	OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG TERM LIABILITIES MORTGAGE PAYABLE	150,619 4,412,997			
38 39 40.01 40.02	NOTES PAYABLE UNSECURED LOANS LOANS PRIOR TO 7/1/66				
41 42 43	OTHER LONG TERM LIABILITIES TOTAL LONG-TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS	27,064,954 27,064,954 31,477,951			
44 45 46 47	GENERAL FUND BALANCE SPECIFIC PURPOSE FUND DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT	24,949,532			
48 49 50	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE PLANT FUND BALANCE-INVESTED IN PLANT PLANT FUND BALANCE-RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 52	TOTAL FUND BALANCES TOTAL LIABILITIES AND FUND BALANCES	24,949,532 56,427,483			

		GENERAL FUND 1 2	SPECIFIC PURPOSE FUND 3 4
1 2 3	FUND BALANCE AT BEGINNING OF PERIOD NET INCOME (LOSS) TOTAL ADDITIONS (CREDIT ADJUSTMENTS)	23,192,512 1,742,759 24,935,271	, ,
4 5 6 7 8 9	FOUNDATION OTHER OPERATIN FOUNDATION INTEREST INCOM	51, 886 3,780	
10 11 12	TOTAL ADDITIONS SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS) FOUNDATION EXP	55,666 24,990,937 (SPECIFY) 41,405	
13 14 15 16 17 18	TOTAL DEBUGENOUS	44 . 105	
19	TOTAL DEDUCTIONS FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	41,405 24,949,532	
		ENDOWMENT FUND	PLANT FUND
1 2 3	FUND BALANCE AT BEGINNING OF PERIOD NET INCOME (LOSS)	ENDOWMENT FUND 5 6	PLANT FUND 7 8
2	OF PERIOD	5 6	
2	OF PERIOD NET INCOME (LOSS) TOTAL ADDITIONS (CREDIT ADJUSTMENTS) FOUNDATION OTHER OPERATIN FOUNDATION INTEREST INCOM TOTAL ADDITIONS SUBTOTAL	S 6 (SPECIFY)	
2 3 4 5 6 7 8 9	OF PERIOD NET INCOME (LOSS) TOTAL ADDITIONS (CREDIT ADJUSTMENTS) FOUNDATION OTHER OPERATIN FOUNDATION INTEREST INCOM TOTAL ADDITIONS	S 6 (SPECIFY)	

HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR TIPTON	COUNTY	MEMORIAL	HOSE	PITAL	IN	LIEU	OF FOR	и см	is-2552-	-96	(09/1996)	
					I	PROVIDER	NO:		PERIC			I	PREPARED	5/12/2008
STATEMENT OF PATIE	NT REVENUES AN	ID OPERATING	EXPENS	ES	I	15-1311		Ι			1/2007	I	WORKSHE	ET G-2
					I			I	TO	12/3	1/2007	1	PARTS I	& II

PART I - PATIENT REVENUES

REVENUE CEN		INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT R 1 00 HOSPITAL 4 00 SWING BED - SNF 5 00 SWING BED - NF	OUTINE CARE SERVICES	3,541,922		3,541,922
9 00 TOTAL GENERAL INPAT	IENT ROUTINE CARE INPATIENT HOSPITAL SVCS	3,541,922		3,541,922
10 00 INTENSIVE CARE UNIT 15 00 TOTAL INTENSIVE CARE 16 00 TOTAL INPATIENT ROU 17 00 ANCILLARY SERVICES 18 00 OUTPATIENT SERVICES 24 00	E TYPE INPAT HOSP	635,128 635,128 4,177,050 12,720,442	38,667,031 3,802,626	635,128 635,128 4,177,050 51,387,473 3,802,626
25 00 TOTAL PATIENT REVEN	UES	16,897,492	42,469,657	59,367,149
	PART II-OPER	ATING EXPENSES		
26 00 OPERATING EXPENSES ADD (SPECIFY) 27 00 28 00 29 00 30 00 31 00 32 00 33 00 TOTAL ADDITIONS DEDUCT (SPECIFY) 34 00 35 00 36 00 37 00 38 00 39 00 TOTAL DEDUCTIONS			33,646,212	
39 00 TOTAL DEDUCTIONS 40 00 TOTAL OPERATING EXPE	ENSES		33,646,212	

DESCRIPTION

1 2 3 4 5	TOTAL PATIENT REVENUES LESS: ALLOWANCES AND DISCOUNTS ON NET PATIENT REVENUES LESS: TOTAL OPERATING EXPENSES NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	59,367,149 27,018,855 32,348,294 33,646,212 -1,297,918
6 7 8 9 10 11 12	CONTRIBUTIONS, DONATIONS, BEQUES INCOME FROM INVESTMENTS REVENUE FROM TELEPHONE AND TELEG REVENUE FROM TELEVISION AND RADI PURCHASE DISCOUNTS REBATES AND REFUNDS OF EXPENSES PARKING LOT RECEIPTS	949,147
13 14	REVENUE FROM LAUNDRY AND LINEN S REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
17	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18 19	REVENUE FROM SALE OF MEDICAL REC	
20	TUITION (FEES, SALE OF TEXTBOOKS REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	2,469,915
	DISCONTINUED OPERATIONS	99,028
25	TOTAL OTHER INCOME	3,518,090
26	TOTAL	2,220,172
27	OTHER EXPENSES	477 487
28	NONOPERATING EXPENSES	477,413
29		
30	TOTAL OTHER EXPENSES	477,413
31	NET INCOME (OR LOSS) FOR THE PERIO	1,742,759
	,,	x, 7 (E, 735

HHA COST CENTER

ADMIN & GENERAL
SKILLED NURSING CARE
PHYSICAL THERAPY
COCCUPATIONAL THERAPY
MEDICAL SOCIAL SERVICES
MEDICAL S

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HEALTH FINANCIAL SYSTEMS MCR
ALLOCATION OF GENERAL SERVICE
                                                  MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL
                                                                                                                                               IN LIEU OF FORM CMS-2552-96 (05/2007)
                                                                                                                                                         I PERIOD: I
I FROM 1/ 1/2007 I
I TO 12/31/2007 I
I I
                                                                                                                              PROVIDER NO:
15-1311
                                                                                                                                                                                            PREPARED 5/12/2008
WORKSHEET H-5
PART I
                                                                                                                        1
        COSTS TO HHA COST CENTERS
                                                                                                                               HHA NO:
                                                                     OPERATION OF PLANT-MEDIC 8.02
                                                                                              LAUNDRY & LI
                                                                                                                      HOUSEKEEPING
                                                                                                                                               DIETARY
                                                                                                                                                                        CAFETERIA
                                                                                                                                                                                                NURSING ADMI
                                                                                             NEN SERVICE
                                                                                                                                                                                                NISTRATION
         HHA COST CENTER
                                                                                                                               10
                                                                                                                                                        11
                                                                                                                                                                                12
           (2) COLUMNS O THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.
                                                                                                                      MEDICAL RECO
RDS & LIBRAR
17
                                                                     CENTRAL SERV
                                                                                             PHARMACY
                                                                                                                                                                        POST STEP
DOWN ADJUST
                                                                                                                                               SUBTOTAL
                                                                                                                                                                                                SUBTOTAL
                                                                     ICES & SUPPL
         HHA COST CENTER
                                                                                                      16
                                                                                                                                                        25
                                                                                                                                                                                                        27
                 ADMIN & GENERAL
SKILLED NURSING CARE
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
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2
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17
                 SPEECH PATHOLOGY
MEDICAL SOCIAL SERVICES
                 HOME HEALTH AIDE
SUPPLIES
                 DRUGS
                 COST ADMINISTERING DRUGS
                 DMF
                 HOME DIALYSIS AIDE SVCS
RESPIRATORY THERAPY
PRIVATE DUTY NURSING
                CLINIC
HEALTH PROM ACTIVITIES
DAY CARE PROGRAM
HOME DEL MEALS PROGRAM
     18
                 HOMEMAKER SERVICE
                ALL OTHER
TELEMEDICINE
TOTAL (SUM OF 1-19)
UNIT COST MULIPLIER
     19.50
                                                     (2)
          (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.
                                                                    ALLOCATED
                                                                                             TOTAL HHA
                                                                   HHA A & G
28
                                                                                                COSTS
29
        HHA COST CENTER
                ADMIN & GENERAL
SKILLED NURSING CARE
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
      1234567
                SPEECH PATHOLOGY
MEDICAL SOCIAL SERVICES
7
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9.20
10
11
12
13
                HOME HEALTH AIDE
                 SUPPLIES
                DRUGS
                COST ADMINISTERING DRUGS
                DME
                HOME DIALYSIS AIDE SVCS
RESPIRATORY THERAPY
PRIVATE DUTY NURSING
    13
14
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16
17
                CLINIC
                HEALTH PROM ACTIVITIES
DAY CARE PROGRAM
HOME DEL MEALS PROGRAM
HOMEMAKER SERVICE
    18
19
                ALL OTHER
TELEMEDICINE
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(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART 1, LINE 71.

0.000000

19.50

TOTAL (SUM OF 1-19) UNIT COST MULIPLIER

(2)

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HEALTH FINANCIAL SYSTEMS MCR:
ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS
STATISTICAL BASIS
                                                                                                                                                    IN LIEU OF FORM CMS-2552-96 (05/2007)
NO: I PERIOD: I PREPARED 5/12/2008
I FROM 1/1/2007 I WORKSHEET H-5
I TO 12/31/2007 I PART II
                                                  MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL
                                                                                                                                   PROVIDER NO: 15-1311
                                                                                                                                   HHA NO:
                                                                                              NEW CAP REL N
COSTS-BLDG & C
( SQUARE FT (
) COMBINED )
                                                                      OLD CAP REL
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                                                                                                                                                     NEW CAP REL
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( GROSS
                                                                      COSTS-BLDG &
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                                                                                                                                                                           )
                                                                                                                                                                                  SALARIES
                                                                             FEET
                                                                                                                                 FEET
                                                                                                                                                                                                                PHONES
                                                                                                                                     3.01
      HHA COST CENTER
                                                                                                                                                               3.02
                                                                                                                                                                                                                   5.01
               ADMIN & GENERAL
SKILLED NURSING CARE
PHYSICAL THERAPY
                OCCUPATIONAL THERAPY
               SPEECH PATHOLOGY
MEDICAL SOCIAL SERVICES
HOME HEALTH AIDE
SUPPLIES
               DRUGS
        .20
                COST ADMINISTERING DRUGS
   10
               DME
               HOME DIALYSIS AIDE SVCS
RESPIRATORY THERAPY
PRIVATE DUTY NURSING
   11
12
   13
   14
15
16
               CLINIC
               HEALTH PROM ACTIVITIES
DAY CARE PROGRAM
HOME DEL MEALS PROGRAM
HOMEMAKER SERVICE
   1.8
               ALL OTHER
TELEMEDICINE
   19
   19.50
               TOTAL (SUM OF 1-19)
COST TO BE ALLOCATED
UNIT COST MULIPLIER
                                                                                                                                                                            OPERATION OF
PLANT-HOSPI
( SQUARF
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PLANT
SQUARE FT
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COST
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5.03
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      HHA COST CENTER
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              ADMIN & GENERAL
SKILLED NURSING CARE
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH PATHOLOGY
MEDICAL SOCIAL SERVICES
    34567
               HOME HEALTH AIDE
SUPPLIES
               DRUGS
              COST ADMINISTERING DRUGS
  10
               DME
               HOME DIALYSIS AIDE SVCS
  12
              RESPIRATORY THERAPY PRIVATE DUTY NURSING
  13
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15
              CLINIC
HEALTH PROM ACTIVITIES
DAY CARE PROGRAM
HOME DEL MEALS PROGRAM
  16
              HOMEMAKER SERVICE
ALL OTHER
TELEMEDICINE
  18
  19.50
              TOTAL (SUM OF 1-19)
COST TO BE ALLOCATED
UNIT COST MULIPLIER
  20
21
                                                                     LAUNDRY & LI
                                                                                             HOUSEKEEPING
                                                                                                                        DIETARY
                                                                                                                                                   CAFETERIA
                                                                                                                                                                              NURSING ADMI
                                                                                                                                                                                                       CENTRAL SERV
                                                                     NEN SERVICE
                                                                                                                                                                             NISTRATION
                                                                                                                                                                                                      ICES & SUPPL
( COSTED
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                                                                                                                                MEALS
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                                                                          LAUNDRY
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     HHA COST CENTER
              ADMIN & GENERAL
SKILLED NURSING CARE
PHYSICAL THERAPY
   1234567
              OCCUPATIONAL THERAPY
SPEECH PATHOLOGY
              MEDICAL SOCIAL SERVICES
HOME HEALTH AIDE
              SUPPLIES
             DRUGS
   9.20
              COST ADMINISTERING DRUGS
              DME
             HOME DIALYSIS AIDE SVCS
RESPIRATORY THERAPY
PRIVATE DUTY NURSING
              CLINIC
             HEALTH PROM ACTIVITIES
DAY CARE PROGRAM
HOME DEL MEALS PROGRAM
HOMEMAKER SERVICE
 19
             ALL OTHER
             TELEMEDICINE
TOTAL (SUM OF 1-19)
COST TO BE ALLOCATED
UNIT COST MULIPLIER
 19.50
20
21
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HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR TIPTON COUNTY MEMORIAL HOSPITAL ALLOCATION OF GENERAL SERVICE

COSTS TO HHA COST CENTERS

STATISTICAL BASIS

HOSPITAL I PROV

1 15-1

1 HHA HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 5/12/2008

I 15-1311 I FROM 1/ 1/2007 I WORKSHEET H-5

I HA NO: I TO 12/31/2007 I PART II

I - I PROVIDER NO: I PART II

MEDICAL RECO RDS & LIBRAR (GROSS) CHARGES 17 PHARMACY COSTED REQUIS. 16

HHA COST CENTER

HHA COST CENTER

ADMIN & GENERAL
SKILLED NURSING CARE
HYSICAL THERAPY
CCUPATIONAL THERAPY
SPEECH PATHOLOGY
MEDICAL SOCIAL SERVICES
HOME HEALTH AIDE
SUPPLIES
DRUGS
PLUGS
PLUGS DME HOME DIALYSIS AIDE SVCS RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROM ACTIVITIES DAY CARE PROGRAM HOME DEL MEALS PROGRAM HOME DEL MEALS PROGRAM HOMEMAKER SERVICE ALL OTHER TELEMEDICINE TOTAL (SUM OF 1-19) COST TO BE ALLOCATED UNIT COST MULIPLIER